

## Business Loan Application Form for businesses that are regulated/ reporting to the Department of Agriculture, Food and the Marine (DAFM).

**€2,000 to €50,000**

### Declaration of Eligibility Criteria

Please confirm that you are eligible to apply:

- The business is a micro-enterprise with:
  - fewer than 10 full-time employees and
  - less than €2m annual turnover and
  - Total Value of All Assets in the Balance Sheet (Fixed + Intangible + Current) cannot exceed €2m
- The business is unable to secure finance from Banks and/or other commercial lending providers. (Note: Formal Bank Decline Letter may be required)

I declare that I am eligible to apply for an MFI Business Loan based on all the eligibility criteria as outlined above.

Signature:

Date:   /   /

### Application Checklist

#### Essential Information to accompany all applications;

Tick  
✓

Your Application Form **fully** completed **and Unique DAFM number inserted (Herd Number etc.) at Part 1.**

Cash Flow on a month-by-month basis for the next 12 months.

Last 6 months business bank statements and personal bank statements for the applicant(s).

Most recent Year End Financial Accounts.

#### \*Limited Company Applications or Registered Partnerships Only

Tick  
✓

6 Months Personal Bank Statements for each Director and for any Shareholder with 25% or more shareholding in the company, and for each Partner in a Partnership.

Central Credit Register (CCR) Report for each Director and for any Shareholder with 25% or more shareholding in the company, and for each Partner in a Partnership. (This report may be ordered online at [www.centralcreditregister.ie](http://www.centralcreditregister.ie))

If you have any queries on the above, or require assistance, please contact us at:

**Microfinance Ireland, 13 Richview Office Park, Clonskeagh Road, Dublin D14 Y867**

**Tel: 01 260 1007 Email: [info@microfinanceireland.ie](mailto:info@microfinanceireland.ie)**

**[www.microfinanceireland.ie](http://www.microfinanceireland.ie)**

## Part 1: Business Details Please tell us about your business.

Applicant Business Name	<input type="text"/>	Primary Business Activity	<input type="text"/>
Trading Name <small>(if different from above)</small>	<input type="text"/>	<b>DAFM Unique Number / Herd Number (mandatory)</b>	<input type="text"/>
Business Address	<input type="text"/>	Business/Company Registration No.	<input type="text"/>
	<input type="text"/>	In Business for	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months
	<input type="text"/>	No. of full time Employees	<input type="text"/> No. of part time Employees <input type="text"/>
Eircode	<input type="text"/>	If your business has been trading longer than 1 year, please tick box to confirm that in the past 3 years, the total number of employees has been fewer than 10 full-time employees <input type="checkbox"/>	
Contact Person	<input type="text"/>	Business Type	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Co. <input type="checkbox"/>
Telephone/Mobile	<input type="text"/>	Email	<input type="text"/>

## Business Ownership Details

List the names of all individuals who ultimately own or control 25% or more of the shares or voting rights in the Company/Partnership or otherwise exercises control over the management of the Company/Partnership.

1. Owner Name	<input type="text"/>	Director	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	<input type="text"/>	Eircode	<input type="text"/>
Occupation	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
		Percentage Shareholding	<input type="text"/> %
<hr/>			
2. Owner Name	<input type="text"/>	Director	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	<input type="text"/>	Eircode	<input type="text"/>
Occupation	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
		Percentage Shareholding	<input type="text"/> %

## Part 2: Application Details

### Working Capital Loan up to 3 years maximum and/or Capital Expenditure Loan up to 5 years maximum

Amount Required €

Purpose of

Describe briefly the purpose of your loan and what financial input is being provided by you directly or otherwise and the source of these funds.

Planned Expenditure:	Amount:	Source of Funds:	Amount:
		Own Funds	
		Family Funds	
		Other Investors	
		Bank Loan	
		Microfinance Ireland Loan	
		Grant Support	
		Other (Specify)	
Total Expenditure		Total Funding	

## Business Borrowing Details

Account Type (Current, Deposit, Mortgage, Loan, Credit Card, Leasing/Hire Purchase, Investments, Shares, Etc.)	Financial Institution	Amount Held/ Outstanding	Monthly Repayment	Final Repayment Date	Purpose of Loan

**Note: Please provide details of arrears of repayments and arrangements in place on any of the above:**

### Revenue

Tax Status (Tax up to date?) Yes  No

Is a Revenue Agreement in place? Yes  No

Monthly Amount of Revenue Agreement

€

Please note that if your loan is approved it will be a Condition of Sanction that an up-to-date Tax Clearance Certificate is provided, for all relevant parties to the loan, prior to draw down.

**Have your business ever been declared bankrupt, declared insolvent or had a Judgment registered against you or ever the subject of a Disqualification Notice?**

Yes  No

If yes, please provide details in your business plan.

### Brief description of your business:

What is your business engaged in? How long has the business been trading? Details of your experience in this business/sector. Details of your Products/Services Details of your customers/key suppliers etc

### Market Research/ Competitors (if applicable):

Please describe the market research you have done to determine that there is a market for your product/service.

### Your team:

Please provide details of any key employee/business critical employee within the business (if applicable).

### Brief description of funding purpose:

How will funding be used within the business (please specify)

### Additional Information (if applicable):

Business Owner's background – Education/Skills/Training, Previous work experience etc.

## Part 3: Personal Details

Your personal details are also important to us and while it is critical to understand your business, it is also important to understand its owners. These details will help us meet your current needs.

### Primary Business Owner

Name	<input type="text"/>	No of Dependants	<input type="text"/>
Address	<input type="text"/>	Age Range	From <input type="text"/> To <input type="text"/>
	<input type="text"/>	Residential Status	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>
	<input type="text"/>	Living with Parents	<input type="checkbox"/> Other <input type="text"/>
Eircode	<input type="text"/>	Number of Years at Address	<input type="text"/>
Previous Address (if less than 3 years at current address)	<input type="text"/>	Estimated Value of Home (if owned)	€ <input type="text"/>
	<input type="text"/>	Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eircode	<input type="text"/>	If yes, Annual Salary	<input type="text"/>
		If no, for how long?	<input type="text"/>

### Contact Details

Email	<input type="text"/>
Landline	<input type="text"/>
Mobile	<input type="text"/>
Date of Birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY <input type="text"/> YY
PPSN	<input type="text"/>

**Please note that if your loan is approved it will be a Condition of Sanction that an up-to-date Tax Clearance Certificate is provided, for all relevant parties to the loan, prior to draw down.**

**Have you ever been declared bankrupt, declared insolvent or had a judgment registered against you or ever the subject of a Disqualification Notice?**

Yes  No

If yes, please provide details with your business plan.

Do you have an agreement in place with the Revenue Commissioners?

Yes  No

## Personal Financial Details

Name (Primary Business Owner)

Asset Type	Asset Value	Liability Type	Amount Outstanding	Repayment Arrangements Amount + Payment Frequency
Cash		Bank Overdraft		
Property		Mortgage		
Other		Personal Loans		
Cars/Vehicles		Hire Purchase/Leasing		
Deposits/Investments		Credit Card		
Shares		Other		
Other				
Totals		Totals		

### Personal Income Statement

Income Type	Amount	Income Source	Frequency
Salary			
Pension			
State Assistance			
Other			
Total			

## Part 3: Personal Details (Cont'd)

### Secondary Business Owner

Name	<input type="text"/>	No of Dependants	<input type="text"/>
Address	<input type="text"/>	Age Range	From <input type="text"/> To <input type="text"/>
	<input type="text"/>	Residential Status	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>
	<input type="text"/>	Living with Parents	<input type="checkbox"/> Other <input type="text"/>
Eircode	<input type="text"/>	Number of Years at Address	<input type="text"/>
Previous Address (if less than 3 years at current address)	<input type="text"/>	Estimated Value of Home (if owned)	€ <input type="text"/>
	<input type="text"/>	Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="text"/>	If yes, Annual Salary	<input type="text"/>
Eircode	<input type="text"/>	If no, for how long?	<input type="text"/>

### Contact Details

Email	<input type="text"/>
Landline	<input type="text"/>
Mobile	<input type="text"/>
Date of Birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY <input type="text"/> YY
PPSN	<input type="text"/>

**Please note that if your loan is approved it will be a Condition of Sanction that an up-to-date Tax Clearance Certificate is provided, for all relevant parties to the loan, prior to draw down.**

**Have you ever been declared bankrupt, declared insolvent or had a judgment registered against you or ever the subject of a Disqualification Notice?**

Yes  No

If yes, please provide details with your business plan.

Do you have an agreement in place with the Revenue Commissioners?

Yes  No

## Personal Financial Details

Name (Secondary Business Owner)

Asset Type	Asset Value	Liability Type	Amount Outstanding	Repayment Arrangements Amount + Payment Frequency
Cash		Bank Overdraft		
Property		Mortgage		
Other		Personal Loans		
Cars/Vehicles		Hire Purchase/Leasing		
Deposits/Investments		Credit Card		
Shares		Other		
Other				
Totals		Totals		

### Personal Income Statement

Income Type	Amount	Income Source	Frequency
Salary			
Pension			
State Assistance			
Other			
Total			

## 1. Data Protection

The information, including personal data, provided on this application may be used Microfinance Ireland DAC (“MFI”) for the purposes of determining your eligibility for a loan, verifying your identity and protecting against money laundering, terrorist financing and fraud. Details of how MFI processes your personal data are set out in MFI’s Privacy Policy, available at <https://microfinanceireland.ie/privacy-policy/>.

The information, including personal data, provided on this application may be disclosed by us to the Strategic Banking Corporation of Ireland (“SBCI”) and to the Department of Agriculture, Food and the Marine (“DAFM”). DAFM and SBCI may, in turn, process your personal data independently, in accordance with their respective privacy policies.

For further information on how SBCI and DAFM handle your personal data, including information about your data protection rights and the contact details of the relevant data protection officer, please refer to:

- SBCI’s data protection statement which is available at <https://sbci.gov.ie/>; and
- DAFM’s data protection statement which is available at <https://dafmi.gov.ie/>.

## 2. State Aid

### 2.1 (De Minimis Aid)

Have you received any state aid over the previous 3 years and if so, please provide details below?

**Must be less than €50,000 in a three-year rolling fiscal period and MFI will be referring to/reporting to the DAFM**

Provider	Date	Amount (€)
	DD / MM / YY	
	DD / MM / YY	
	DD / MM / YY	

### 2.2 AILS Aid

Have you received any state aid in relation to this project and if so please provide details below?

Grant Provider	Form of	Date of Grant (DD/MM/YY)	Amount of Aid in EUR (€)
		DD / MM / YY	
		DD / MM / YY	
		DD / MM / YY	

If AILS State Aid has been received, please tick this box to confirm that the total loan amount does not exceed 1.5 times the amount of ‘eligible costs’ of the project.

## 3. Credit Checking

MFI will conduct a credit search against the Data held on the Central Credit Register (“CCR”) in order to evaluate whether or not you are a suitable candidate for loan finance. For the avoidance of doubt, you agree that MFI or its agents may carry out a credit check with the CCR (or similar credit references databases), where deemed appropriate and using your Data for the purpose of credit assessment.

Under the Credit Reporting Act 2013 lenders are required to provide personal and credit information for Credit Agreements of €500 and above to the Central Credit Register (CCR). This information will be held on the Central Credit Register and may be used by other lenders when making decisions on your credit applications and credit agreements. The Central Credit Register (CCR) is owned and operated by the Central bank of Ireland and for more information please go to <https://www.centralcreditregister.ie/>

**NOTE: We need your consent to collect and retain your personal data for the purpose of the loan application with Microfinance Ireland. Please tick this box to provide your consent, otherwise we cannot process your application.**

If you decide to proceed with a loan facility or any other communication with MFI through or in relation to its services, you accept the use by MFI of the data. Where we engage third parties to process the data on our behalf, we will ensure that they do so under contract and within the terms of GDPR.

**NOTE: All applicants/partners or, if a private limited company, at least one authorised signatory must sign the Application Form**

Signature(s) of Applicant(s)

1.

2.

Date DD / MM / YY

Date DD / MM / YY