SMES BUSINESS APPLICATION FORM

Company ☐ PBC ☐ Informal body ☐ Loan Type _____

BUSINESS INFORMATION

Registered Name: _____ Trading Name: _____

Type of Business: _____ Business address: _____

Period at Current Business Location: _____ Amount of Intial Capital: _____

Incorporation Date: _____ Certificate of Incorporation Number: _____ BP Number: _____

Contact Phone Number: _____ Email Address: _____ Number of years in Business: _____

Sources of Capital: Own Savings ☐ Family Gift ☐ Loan ☐ Other(specify) _____

Who are your main customers? Individuals ☐ Other Businesses ☐ Other(specify) _____

Estimated Annual Sales: _____ Net Profit: _____ Total Liabilities: _____ Net Cash Flow: _____

Main Product/Services: _____ Main problems Faced by Business: _____

OTHER BUSINESS INTERESTS

Name of Business: _____ Address Of Business: _____ Phone Number: _____

Number of Employees: Fulltime and Owner ☐ Part time ☐ Non-paid(family) ☐ Total ☐

Where are your customers from? Neighborhood ☐ This Town ☐ Other(specify) _____

LOAN INFORMATION

Loan Amount: _____ Repayment Period: _____ Purpose of Loan: _____

Detail Budget Breakdown by order of priority

ITEM	COST
1.	
2.	
3.	

REFERENCES

NAME	PHONE NUMBER
1.	
2.	
3.	

SECURITY (ASSETS PLEDGED)

DESCRIPTION	SERIAL/REG NUMBER	ESTIMATED ASSET VALUE
1.		
2.		
3.		

Qupa Micro-Finance
Registered Microfinance

ZB Chamber, 2nd Floor, Corner 1st Street & George Silundika
Harare, Zimbabwe
Tel: +263 867 700 2005 Email: loans@qupa.co.zw

DIRECTOR PERSONAL DETAILS

Title (Mr./Mrs./Dr/Prof): First Name: Surname:

Maiden Name: Gender: Date Of Birth:

Marital Status: Nationality: ID Number:

Cell Number: WhatsApp: Highest Educational Qualification:

Citizenship: Email Address:

Residential Address: Passport photo:

Period at Current Address: Years: Months:

Period at Previous Address: Years: Months:

SPOUSE AND NEXT OF KIN DETAILS

SPOUSE DETAILS

Full Name:

Phone Number:

Email Address:

Address:

NEXT OF KIN 1

Full Name:

Relationship:

Phone Number:

Email Address:

Address:

NEXT OF KIN 2

Full Name:

Relationship:

Phone Number:

Email Address:

Address:

EMPLOYMENT DETAILS

Business/Employer's Name: _____ Job Title: _____

Business/Employer's Address: _____ Date of Employment: _____

Name of Immediate Manager: _____ Phone Number of Immediate Manager: _____

PROPERTY OWNERSHIP

Rented: ☐ Employer Owned: ☐ Mortgaged: ☐ Owned Without Mortgage: ☐ Parents owned: ☐

BANKING/MOBILE ACCOUNT DETAILS

BANK	BRANCH	ACCOUNT NUMBER

LOANS WITH OTHER INSTITUTIONS (ALSO INCLUDE QUPA LOAN)

INSTITUTION	MONTHLY INSTALLMENT	CURRENT LOAN BALANCE	MATURITY DATE

DECLARATION

We declare that the information given above is accurate and correct. We are aware that falsifying information automatically leads to decline of our loan application. We authorise Qupa Microfinance to obtain and use the information obtained for the purposes of this application with any regonised credit bureau. We authorise Qupa microfinance to references from friends, relatives, neighbors and business partners including visits to our homes and verification of my assets. We have read and fully understood the above together with all the conditions, and We agree to be bound by Qupa Micro-Finance terms and conditions.

DIRECTORS SIGNATURE

Director:	Name:		Signature:		Date:	
Director:	Name:		Signature:		Date:	
Director:	Name:		Signature:		Date:	
Director:	Name:		Signature:		Date:	
Director:	Name:		Signature:		Date:	

FOR OFFICIAL USE ONLY

Received & Checked by:	Name:		Signature:		Date:	
Approved by:	Name:		Signature:		Date:	

KYC CHECKLIST

- Copy of ID, License, Valid Passport ☐
- Articles of association/PBC ☐
- Stamped 3 months' Bank Statement ☐
- Group Constitution ☐
- Proof of Residence/Confirmation Letter ☐
- Financial Statement ☐
- Certificate of Incorporation ☐
- Ecocash Statements where applicable ☐
- Resolution to borrow ☐

Company documents:

- **CR11** ☐
- **CR6** ☐
- **CR5** ☐
- **MOA** ☐

Qupa Date Stamp: