

Micro-Enterprise Business Lending Application Form

Please check you are eligible to apply:

- Does your business employ fewer than ten people.
- Do you have an annual turnover and/or balance sheet of less than €2m.

Documentation Required - Checklist

| Essential Information to accompany your application Tick 🗸 | | | | | |
|---|--|--|--|--|--|
| Your Application Form fully completed | | | | | |
| Business Plan | | | | | |
| Financial Projections for three-years: | | | | | |
| - Cash flow on month-by-month basis | | | | | |
| - Summary Profit & Loss | | | | | |
| Six months personal bank account statements | | | | | |
| Irish Credit Bureau Report (ICB) | | | | | |
| Existing businesses (These details may not be required for all applications. Your MFI Assessor will advise) | | | | | |
| 6 months business bank account statements | | | | | |
| Recent management accounts | | | | | |
| Certified/Audited accounts | | | | | |
| Aged Debtors/Creditors & Stock listing | | | | | |

1

| Part 1: Business Details | Please tell us about your business. This information will assist us in providing a professional timely response. |
|---|--|
| Applicant Business Name | Primary Business Activity |
| Trading Name (if different from above) | |
| Business Address | In Business for Years Months |
| | No. of Employees As at D D / M M / Y Y |
| Contact Person | |
| Email | Business Type Sole Trader Partnership Ltd. Co. |
| Telephone | How did you hear about us? LEO Bank |
| Mobile | LDC / ILDN Media Other |
| | |

| Business Ownership Details | List the names of all individuals who ultimately own or control 25% or more of t shares or voting rights in the Company/Partnership or otherwise exercises con the management of the Company/Partnership. | |
|---|---|-----------------------------|
| 1. Owner Name | Director Yes No Irish Resident Yes | No |
| Address | Date of Birth $_{	extsf{D}}$ / $_{	extsf{M}}$ M | / Y Y |
| Occupation | Percentage Shareholding | % |
| 2. Owner Name | Director Yes No Irish Resident Yes | No |
| Address | Date of Birth D D / M M | / Y Y |
| Occupation | Percentage Shareholding | % |
| 3. Owner Name | Director Yes No Irish Resident Yes | No |
| Address | Date of Birth D D / M M | / _Y _Y |
| Occupation | Percentage Shareholding | % |
| 4. Owner Name | Director Yes No Irish Resident Yes | No |
| Address | Date of Birth D D / M M | / Y Y |
| Occupation | Percentage Shareholding | % |
| List below any corporate shareholder that ulti control over the management of this Compar | mately owns or controls 10% or more of the shares or voting rights in this Company or otherwise | exercises |
| 1. Company Name | % of shares owned in the | e Company |
| Registered No. | | % |
| 2. Company Name | % of shares owned in the | e Company |
| Registered No. | | % |
| Please indicate who is the Company Secreta | ry | |

2

Business Borrowing & Savings Details (Existing Businesses Only)

| Borrowings | Financial Institution | Amount Outstanding (000's) | Monthly Repayments | Savings & Investments | Financial Institution | Amou (000's |
|---|--|----------------------------------|-----------------------|---|-----------------------|----------------|
| Overdraft | | (0008) | | Current Account | | |
| Business Cards | | | | Deposits | | |
| Loans (incl. Credit | | | | Other | | |
| Union) | | | | Investments | | |
| | | | | Investment Accounts | | |
| Leasing/Hire Purchase | | | | Shares | | |
| Commercial Mortgage | | | | Other | | |
| Other Financial | | | | Revenue | | |
| Commitments | | | | Tax Status (Tax up to da | te?) | ⁄es |
| Note: Please provio in place on any of t | le details of arrears of re ne above: | payments and a | ırrangements | Is a Revenue Agreemen Monthly Amount of Reve | | ′es |
| | | | | Property | | |
| | | | | Current property value | € | |
| | | | | Mortgage Outstanding | € | |
| | | | | mengage cancer | | |

| Are you a customer of a Local | Enterprise Office? | If so, provid | e details | below. |
|--------------------------------------|---------------------------|---------------|-----------|--------|
| Local Enterprise Office (LEO) | Contact: | | | |

Have you recieved any state aid if so provide details below

| Name: | |
|----------------------------|--|
| | |
| Business Support Received: | |
| | |
| | |
| | |
| | |
| Grant Aid Received: | |
| | |
| | |
| | |
| | |
| State Aid | |

| Grant Provider | Date | Amount (€) |
|----------------|------|------------|
| | | |
| | | |
| | | |

3

Part 2: 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 Address | No of Dependants |
| | Age Range From To |
| | Residential Status Owner Tenant |
| Description Address | Living with Parents Other |
| Previous Address (if less than 3 years at current address) | Number of Years at Address |
| | Estimated Value of Home € |
| Contact Details | Are you currently unemployed? Yes No |
| Email | Annual Salary |
| Landline | If no, for how long? |
| Mobile | |
| Date of Birth D D / M M / Y | Do you qualify for Back to Work Enterprise Allowance (BTWEA) / other State support |
| PPSN | Yes No If yes, please provide details with your business plan |
| FFOIN | |
| | |

Personal Financial Details Principal Business Owner

Personal Borrowings:

(Incl. overdrafts, loans, credit cards, leasing, mortgage)

| Repayments | Details of Arrears/Arrangements |
|------------|---------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Personal Assets: Incl. Saving | s, Investments, property, land, shares | |
|-------------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Personal Details | | | | | | |
|--|--|------------------------|----------|--------------|-----------|----------|
| Secondary Business Owne | er | | | | | |
| | | | | | | |
| Name | | No of Dependants | | | | |
| Address | | Age Range | From | | То | |
| | | Residential Status | | Owner | | Tenant |
| | | | Living w | ith Parents | Other | |
| Previous Address (if less than 3 years | | | | | | |
| at current address) | | Number of Years at Ado | dress | | | |
| | | Estimated Value of Hon | ne | € | | |
| Contact Details | | Are you currently unem | ployed? | Yes No |) | |
| Email | | Annual Salary | , ,, ,, | € | | |
| Landline | | If no, for how long? | | Υ | | |
| Mobile | | g. | | T | | |
| Date of Birth | Do you qualify for Back to Work Enterprise Allowance (BTWEA) / other State support | | | | | |
| | Yes No If yes, please provide details with your business plan. | | | | | |
| PPSN | | | | | | |
| | | | | | | |
| | | | | | | |
| Personal Financial De | etails Secondary Business Owner | | | | | |
| | | | | | | |
| Personal Borrowings: (Incl. overdrafts, loans, credit card | ls, leasing, mortgage) | | | | | |
| Type of Borrowing | Institution | Repayments | Deta | ails of Arre | ars/Arrar | ngements |
| Type of Borrowing | montation | rtopaymonto | | ano 017 m | aron arai | igomonio |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

5

Personal Assets: Incl. Savings, Investments, property, land, shares

Part 3: Application Details

| Amount Required (Max less than €24,999) | Purpose of Facility e.g. Working Capital Loan | | | | |
|--|--|--|--|--|--|
| Repayment Period Y Years M Months | | | | | |
| | | | | | |
| 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. Please let us know if your business is supported by Enterprise Ireland, a Local Enterprise Office, Business Angels and / or other Specialist Funds. | | | | | |
| ,,,, | | | | | |
| Source of Funds Amount | | | | | |
| Microfinance Ireland Loan | | | | | |
| Personal Investment | | | | | |
| Family Investment | | | | | |
| Grant Support | | | | | |
| Other | | | | | |
| Details of Expenditure: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Referees Please provide full details of one business and one provide name, address and telephone numb | ersonal contact that we may contact for a reference ers) | | | | |
| | | | | | |
| Business Contact 1 Name | Personal Contact 1 Name | | | | |
| Address | Address | | | | |
| | | | | | |
| | | | | | |
| Telephone | Telephone | | | | |
| Mobile | Mobile | | | | |

6

1. Data Protection

I/We acknowledge that I/We have read, understand and agree to be bound by the following terms governing data protection.

1.1 Microfinance Ireland as Data Controller

In consideration of Microfinance Ireland Limited ("MFI") considering your proposal for loan finance and for any facilities that may be made available to you, it will be necessary for you to provide certain data (including personal data within the meaning of the Data Protection Acts 1988 and 2003 (the "Acts")) in order to allow MFI and parties processing data on behalf of MFI to assess your proposal/application. In performing its functions, MFI will be required to gather personal data ("Data") on the individual seeking funding (this will also be the case where an individual(s) is/are promoting a company which is seeking funding).

1.2 How we use your Data

In compliance with the Acts, Data gathered by MFI and further disclosed by them to selected third parties (see below) will be held securely and confidentially. The Data will only be used for the purposes of the functions and activities of MFI. MFI will only process Data (and disclose such Data to selected third parties) in fulfilment of its business activities, being to provide loan finance and to receive repayments of loan finance.

1.3 Data you Provide

MFI captures Data which is provided directly by the proposed borrower/the borrower. The Data about the (proposed) borrower is typically gathered by MFI through this application form. This Data would include name(s), address(es), phone number(s), email address(es), date(s) of birth, details of the business including personal contributions, loan amounts, interest rates, repayment schedules and any other related information.

Data may be provided by you about another individual. In relation to the provision of such Data to MFI you are responsible for ensuring that the consent of the individual(s) to the processing of his or her Data by MFI (and selected third parties) has been fully and fairly obtained.

1.4 Data Provided by Others

MFI may obtain Data from third party sources, including the disclosures referred to below. For example, MFI may obtain additional Data in cases of loans where there has been a default and this information is required to make a judgment on that loan facility.

1.5 Disclosure of Data

For the purposes of assessing your loan application, MFI may share your Data with the following entities for the following reasons:

- 1.5.1 Our Partners, including your Local Enterprise Office and their appointed personnel and advisers (e.g. credit assessors and / or mentors that they may appoint from time to time to assist in the application process). They will need access to your Data in order to evaluate whether or not you are a suitable candidate for loan finance.
- 1.5.2 External Credit Assessors as appointed from time to time by MFI including their appointed personnel and advisers. They will need access to your Data in order to evaluate whether or not you are a suitable candidate for loan finance.
- 1.5.3 MFI also reserves the right to share your Data with its parent or subsidiary companies.
- 1.5.4 We may also share Data with third parties where we are requested to do so by any regulator or otherwise by law.

1.6 Credit Checking

MFI may conduct a credit search against the Data with the Irish Credit Bureau ("ICB") in order to evaluate whether or not you are a suitable candidate for loan finance. For the avoidance of doubt, you agree that Microfinance Ireland or its agents (including the parties set out above) may carry out a credit check with the ICB (or similar credit references databases), where deemed appropriate, and using your Data for the purpose of credit assessment.

If you decide to proceed with this facility or any other communication with MFI through or in relation to its services, you accept the use by MFI of the Data as indicated above.

For the purposes of the Acts, MFI will be the controller of your Data. Where we engage third parties to process Data on our behalf we will ensure that they do so under contract and within the terms of this Data Protection Notice and the Acts.

2. Declaration and Consents:

- I/We hereby confirm that the application form has been completed truthfully and fully and that no material fact with regard to my/our financial position has been omitted from same failure to disclose information or providing incorrect information in this process will result in immediate disqualification from the Microfinance credit application process.
- I/We hereby give Microfinance Ireland the requisite authority to engage with the named bank where my/our original application for credit was declined to validate and investigate the details supplied above.
- I/We hereby give consent to Microfinance Ireland and/or the Local Enterprise Office, to contact me/us by phone, e-mail or post in connection with my application for microfinance.
- I/We hereby consent for the purposes of the Defamation Act 2009 to any publication in good faith by the Local Enterprise Office to Microfinance Ireland of any statement or opinion in relation to me/us and my/our application for credit.
- I/We are aware that, if our application for this loan facility is successful, I/we will be liable for the loan personally, and/or the promoters and/or the shareholders will have to provide an indemnity, and will be jointly and severally liable for the loan, should the facility approved become unpaid.

| Signature(s) of Applicant(s) | 1. | Date: | D | D / M | м / | Υ | Υ | Υ | Υ |
|------------------------------|----|-------|---|-------|-----|---|---|---|---|
| | 2. | Date: | D | D / M | м / | Υ | Υ | Υ | Υ |

7