

# 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.

NOTICE: Under the Credit Reporting Act 2013 lenders are required to provide personal and credit information for credit aggreements of €500 and above to Central Credit Register. 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 is owned and operated by the Central Bank of Ireland. For more information see www.centralcreditregister.ie

### **Application Checklist**

Essential Information to accompany your application;	Tick ✓
Your Application Form <u>fully</u> completed	
Financial Projections for 1 year as follows:	
Cash flow on month-by-month basis for the first 12 Months	
Business Plan	
Latest 6 months personal bank account statements	
Irish Credit Bureau Report(s) for main promoter(s)	
(this can be requested at www.icb.ie)	
Existing businesses must also supply:	
Latest 6 months business bank account statements	
Recent management accounts	
Certified/Audited accounts	
Current aged Debtors, Creditors & Stock listings	

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 www.microfinanceireland.ie

Part 1: Busi	ness Details professional timely res		nation will assist us in providing a
Applicant		Primary Business	
Business Name		Activity	
Trading Name (if different from above			
Business Address		Business/Company Registration No.	
Dusiness Address		In Business for	Years Months
		III Dusiliess IOI	rears worths
	Eircode	No. of <b>full time</b> Employees	As at DD / MM / YY
Occations Bouncies	Littode	No. of <b>part time</b> Employees	As at $\square$ $\square$ / $\square$ / $\square$ / $\square$
Contact Person		Business Type	Sole Trader Partnership Ltd. Co.
Email		How did you hear about u	IS? LEO LDC/ILDN
Telephone			
Mobile  De you have a lean	with Microfinance Ireland		Media Credit Union
or have you applied	with Microfinance Ireland to Microfinance Ireland	E	Bank Other
previously?	or applications ponding with		(Please Specify) (Please Specify)
another institution?	er applications pending with Yes No		
	List the names of all in	dividuals who ultimately	y own or control 25% or more of the
Business Owne	shares or voting rights		ership or otherwise exercises control over
	the management of the		
Owner Name		Director Yes No	
Address			Date of Birth D D / M M / Y Y
Occupation			Percentage Shareholding %
2. Owner Name		Director Yes No	Irish Resident Yes No
Address			Date of Birth DD / MM / YY
Occupation			Percentage Shareholding %
3. Owner Name		Director 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 %
•			
	rate shareholder that ultimately owns or controls 10% agement of this Company	or more of the shares or vo	ting rights in this Company or otherwise exercises
Company Name			% of shares owned in the Company
Registered No.			
			%
Company Name			% of shares owned in the Company
2. Company Name Registered No.			

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### Part 2: Application Details

### Working Capital Over 3 years Capital Expenditure over 5 years

Amount Required €		Repayment Period	rears	J
(Max €25,000 or €15,000 for primary	y agriculture)			
Purpose of Facility e.g. Working Capital Loan and Capital Expenditure				
Describe briefly the purpose of your lo let us know if your business is support	an and what financial input is beined by Enterprise Ireland, a Local	ng provided by you directly or oth Enterprise Office, Business Ange	erwise and the source of these funds. Is and / or other Specialist Funds.	. Please
Planned Expenditure:	Amount	Source of Funds	Amount	
		Own Funds		
		Family Funds		
		Other Investors		
		Bank Loan		
		Microfinance Ireland Lo	ean	
		Grant Support		
		Other		
Total Expenditure		Total Funding		
Details of Expenditure:				
	full details of one business and on name, address and telephone nu		contact for a reference	
Business Contact		Personal Contact		
Name		Name		
Address		Address		
Eircode		Eircode		
Telephone				
1010 0110110		Telephone		
Mobile		Telephone Mobile		

## Business Borrowing & Savings Details (Existing Businesses Only)

ACCOUNT TYPE (Current, Deposit, Mortgage, Loan, Credit Card, Leasing/Hire Purchase, Investments, Shares, Etc.)	Institution	Outstanding	Repayment	Repayment Date	Purpose of Loan
Note: Please provide deta	ails of arrears of repaymer	nts and arrangemer	nts in place on a	iny of the above:	
			•		
Revenue					
Tax Status (Tax up to da	te?) Yes	No _			
Is a Revenue Agreemen	t in place? Yes	No			
Monthly Amount of Reve	nue Agreement				
Are you a custom			? If so, pro	vide details bel	ow.
Local Enterprise (			? If so, pro	vide details bel	ow.
Are you a custom Local Enterprise (			? If so, pro	vide details bel	ow.
Local Enterprise (	Office (LEO) Conta		? If so, pro	vide details bel	ow.
Local Enterprise (	Office (LEO) Conta		? If so, pro	vide details bel	ow.
Local Enterprise (	Office (LEO) Conta		? If so, pro	vide details bel	ow.
Local Enterprise (	Office (LEO) Conta		? If so, pro	vide details bel	ow.
Local Enterprise (	Office (LEO) Conta		? If so, pro	vide details bel	ow.
Local Enterprise (	Office (LEO) Conta		? If so, pro	vide details bel	ow.
Local Enterprise ( Name:  Business Support Receive	Office (LEO) Conta		? If so, pro	vide details bel	ow.
Local Enterprise ( Name:  Business Support Receive	Office (LEO) Conta		? If so, pro	vide details bel	ow.
Local Enterprise ( Name:  Business Support Receive	Office (LEO) Conta		? If so, pro	vide details bel	ow.
Local Enterprise ( Name:  Business Support Receive	Office (LEO) Conta		? If so, pro	vide details bel	ow.
Local Enterprise ( Name:  Business Support Receive  Grant Aid Received:	office (LEO) Conta	act:	? If so, pro	vide details bel	ow.
Local Enterprise ( Name:  Business Support Receive	office (LEO) Conta	act:	? If so, pro	vide details bel	OW.  Amount (€)
Name:  Business Support Receive  Grant Aid Received:  State Aid / (De Minimis Have you received any state)	office (LEO) Conta	act:	? If so, pro		
Name:  Business Support Receive  Grant Aid Received:  State Aid / (De Minimis Have you received any state)	office (LEO) Conta	act:	? If so, pro		

#### Your personal details are also important to us and while it is critical to understand your business, Part 3: Personal Details it is also important to understand its owners. These details will help us meet your current needs. **Primary Business Owner** No of Dependants Age Range From То Name Residential Status Owner Tenant Address Living with Parents Other Eircode Number of Years at Address Estimated Value of Home € Previous Address (if owned) (if less than 3 years at current address) Yes No Are you currently employed? Eircode If yes, Annual Salary **Contact Details** If no, for how long? Email Do you qualify for Back to Work Enterprise No Allowance (BTWEA) / other State support? Landline If yes, please provide details with your business plan. Mobile Start date of BTWEA D D / M M / Y Y Y Amount of BTWEA Date of Birth Have you ever been bankrupt, declared insolvent or had a judgement or subject to a disqualification order registered against you? **PPSN** If yes, please provide details with your business plan. Do you have an agreement in place with the Are your personal tax affairs fully up to date? Yes No Revenue Commissioners? **Personal Financial Details** Name (Primary Business Owner) Amount Outstanding Repayment Arrangement (Amount + frequency) + Arrears details (Pay **Asset Type Asset Value** Liability Type Cash Bank Overdraft Property Mortgage Other Personal Loans Cars/Vehicles Other Loans Deposits/Investments Hire Purchase/Leasing Shares Credit Card Other Other **Totals Totals Personal Income Statement** Income Source & Frequency **Amount** Income Type Salary Pension State Assistance Other Other Total

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Personal Detai	ls					
Secondary Business	Owner		No of	Dependants		
Name			Age F		То	
Address			Resid	ential Status	Owner	Tenant
7.154.1555				Living w	vith Parents Otl	ner
Eirco	ode		Numb	per of Years at Address		
Previous Address				ated Value of Home	€	
(if less than 3 years at current address)			(if ow Are v	nea) ou currently employed?	Yes No	
Eirco	ode			, Annual Salary		
Contact Details				for how long?		
Email				ou qualify for Back to Work		Yes No
Landline			Allow If yes	ance (BTWEA) / other Stat , please provide details wit	te support? :h your business plan	
Mobile			Start	date of BTWEA	D D / M M	1 / Y   Y   Y   Y
Date of Birth	DD/M	M / Y Y		int of BTWEA  you ever been bankrupt	€ , declared insolvent	or had a judgemen
				bject to a disqualification	n order registered a	gainst you?
PPSN			Yes		e provide details with	your business plan.
Are your personal tax affai	rs fully up to date?	Yes No	Reve	ou have an agreement in pl nue Commissioners?	iace with the	Yes No
Personal Financi	al Details					
Name (Secondary B	usiness Owner)					
Asset Type	Asset Value	Liability T	уре	Amount	Repayment A (Amount + frequency)	Arrangements + Arrears details (Pay)
Cash		Bank Overdra	ıft			
Property		Mortgage				
Other		Personal Loai	ns			
Cars/Vehicles		Other Loans				
Deposits/Investment	ts	Hire Purchase/	Leasing			
Shares		Credit Card				
Other		Other				
Totals		Totals				
Personal Income Sta	atement					
Income Type	Amount			Income Source & I	Frequency	
Salary						
Pension						
State Assistance						
Other						
Other						
Total						

#### 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 DAC ("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 General Data Protection Regulation (EU) 2016/679) in order to allow MFI and all parties processing data on behalf of MFI to assess your proposal/application and all supporting data. The purpose of this notice is to set out some information on the collection and processing of your information by MFI ("We"/"Our"/"Us"). MFI collects certain personal data in order to provide its services and is the data controller in respect of this data.

#### 1.2 How we use your Data

We collect and process your personal data in order to

- · provide you with our services,
- exercise the official authority vested in us as the controller under the Microenterprise Loan Fund Act 2012 and Statutory Instrument 393/2015 ('S.I.') under the Microenterprise Loan Fund Scheme 2015
- · comply with our legal obligations

#### 1.3 Who we share your data with

We may share your Personal Data with selected third parties, including for example Local Enterprise Offices (LEOs); Local Development Companies (LDCs); other financial institutions; the European Investment Fund ('EIF') and other government departments and related agencies as and when required to do so by law or in compliance with our S.I.

We may also share your data with business partners, suppliers, sub-contractors and External Loan Assessors (ExLAs) so that we can provide you with our services and for the performance of any contract we enter into with them or you.

#### 1.4 How long we retain your data for

The time periods for which we retain your personal information depend on the specific purpose for which we use it. We will keep your personal information for no longer than is required or permitted. For more information, please see our Data Retention Policy at <a href="https://www.microfinanceireland.ie/data-retention-policy/">https://www.microfinanceireland.ie/data-retention-policy/</a>.

This notice is not a standalone document and should be reviewed on conjunction with MFI's Privacy Policy which is available online at <a href="https://www.microfinanceireland.ie/privacy-policy/">https://www.microfinanceireland.ie/privacy-policy/</a>

#### 1.5 What are your rights with respect to your personal data?

You have the following rights in relation to your data which is held by MFI:

- 1. to ask for details of your personal data held by us
- 2. to ask for a copy of your personal data
- 3. to have any inaccurate or misleading data rectified, corrected and erased
- 4. to restrict the processing of your personal data in certain circumstances
- 5. to object to the processing of your personal data
- 6. to transfer your personal data to a third party
- 7. the right to receive notification of a data breach
- 8. the right to lodge a complaint to the Data Protection Commissioner

If you wish to avail of these rights, a request must be submitted in writing to Microfinance Ireland, 13 Richview Office Park, Clonskeagh, Dublin D14. Eircode D14 Y867 or by email to info@microfinanceireland.ie

Please tick this box to provide us with your consent to collect and retain your personal data for the purpose of a loan with Microfinance Ireland



#### 1.6 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 (including the parties set out above) 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. 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. 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.

#### 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 as failure to disclose material information or providing incorrect information in this process will result in immediate disqualification from the Microfinance credit application process.
- I/We hereby give consent to MFI and/or the LEOs and/or the LDCs and/or ExLAs, and/or any contracted parties, 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 LEO and/or the ExLA to MFI 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. Each party to the loan and/or the Indemnity will be jointly and severally liable for the
  loan, should the drawn down loan become unpaid.

NOTE: AI	I applicants/partners or, if a limited company, executive directors a or greater shareholding, must sign this Application F	
Signature(s) of Applicant(s)	1.	Date: DD/MM/YYYY
must sign this Application Form	2.	Date: DD/MM/YYYY

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