

 **EIF LOAN APPLICATION FORM**

 **SECTION A**

|  |  |  |  |
| --- | --- | --- | --- |
| Application Date |   | Risk Point |   |
| Branch  |   | SME Bank Account No. |   |
| Risk Grade  |   | FGR | Satisfactory [ ]  Unsatisfactory [ ]  |
| ITC Report  |   | OFFICER  |   |

|  |
| --- |
| **Personal information of applicant** |
| Full name |   |
| ID number |   | Citizenship |   |
| Residence status if not Namibian  | Permanent / temporary:  |
| Telephone number |   | Fax number |   |
| Cellular number |   | e-mail |   |
| Residential address |   |
|   |
| Postal address |   |
|   |
| Highest educationalqualifications attained |   |
|   |
|   |
| Position in business |   |
| Current monthly salary | N$  | Expected monthly salary | N$  |
| Marital status | Married (ANC / COP)[ ]  / Divorced [ ] / Single[ ]  |
| Name of spouse |   |
| ID number |   |
| Occupation of spouse |   |

|  |
| --- |
| **Personal banking details** |
| Bank |   | Account number |   |
| Branch |   | Branch code |   |
| Contact person |   | Telephone number |   |
| Overdraft limit |   | Other facilities |   |
| Security |   |

|  |
| --- |
| **Employment**  |
| Dates | Employer/company | Position & responsibilities |
|  to  |   |   |
|  to  |   |   |
|  to date |   |   |

|  |
| --- |
| **Contribution (cash and assets) towards total financing**  |
| **Cash Deposit (minimum 5% of loan amount)** | N$  |
| Assets (excluding personal motor vehicles) |
|   | N$  |
|   | N$  |
| **Total owners’ contribution** | **N$**  |

|  |
| --- |
| **Contingent liabilities and credit history**  |
| Person or business for whom you have stood surety or guarantor  |
| Details:  |
| Have you ever been summonsed or had a judgement taken against you? Yes[ ]  No [ ]  |
| Details:  |
| ave you ever been sequestrated? Yes [ ]  No [ ]  |
| Details:  |
| If so, have you been rehabilitated? Yes [ ] No [ ]  |
| Date of rehabilitation  |

|  |
| --- |
| **Purpose of financing** |
| **Product Applied for** | Solar Water Heater [SWH] |[ ]  Solar Pump  |[ ]
|  | Efficient Stove  |[ ]  Solar Power System  |[ ]
|  | Water Efficiency  |[ ]  Others  |[ ]
| **Financing needs** |
| Amount of finance required |   |
| **Utilisation of financing** |
| Plant & machinery | N$  |
| Equipment | N$  |
| Furniture, fixtures & fittings | N$  |
| Stock | N$  |
| Operating expenses | N$  |
| Other eg, [installation] | N$  |

|  |
| --- |
| **Installation information** |
| Physical Address |   | Beneficiary  |   |
| Region |   | Contact person |   |
| Constituency  |   | Tel/Cell No |   |
| Town  |   | Distance in KM from nearest town |   |
| Village  |  |  |  |

|  |
| --- |
| **Statement of verification** |
| I/We , declare that the information provided in this application form is accurate to the best of my/our knowledge. I/We have not knowingly misrepresented any facts or statements, and I/we have endeavoured wherever possible to provide the required information as accurately as possible. The statement of personal assets and liabilities is complete, true and correct, and all liabilities have been fully disclosed. I/We acknowledge that in processing this application, the Bank may access any information recorded with any party, including credit bureaux. I/We confirm that any information relating to the state and conduct of my/our relationship with the Bank may be disclosed to and used by any other division of the Bank and any credit bureaux or similar agency. |
| Signature/s  |  |
| Date |  |  | Place |  |

 **SECTION B**

**FACILITIES REQUIRED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Name of Borrower**  | **New, Renewal, Increase, Decrease**  | **<12 Months**  | **>12 Months**  |
| 1.) |   |   |   |   |
| 2.) |   |   |   |   |
|  |   |   |   |   |
|  |  | Total | N$  |   |
|  | **Grand Total**  |  |  |  |

**CREDIT RATING**

|  |  |  |
| --- | --- | --- |
| **Risk Factor**  | **Manager’s Remarks** | **Rating**  |
| **Creditworthiness** (character, credit history, ITC, FGR) |   |   |
| **Capacity** (cash flow / income statement surplus, other sources of income, affordability)  |   |   |
| **Capital** (Solvency, equity, ME/S, asset quality, own contribution) |   |   |
| **Collateral**(collateral quality, value and coverage,)**Credit Life Policy**  |   |   |
| **Statistics**  |   |   |
|  | Total Rating |   |
| Overall Rating % |   |
| **Rating Guidelines**  |
| 5 | Outstanding, applicant/customer displays strength on the risk aspect  |
| 4 | Good risk rating, the risk is within acceptable limits  |
| 3 | Acceptable risk despite some weakness observed  |
| 2 | Poor risk rating, adverse information and conditions exist  |
| 1 | Adverse risk aspects are severe making it impossible to recommend funding  |
| **Overall Rating** |
| 25  | Highest possible rating : 100% |
| 15 | Average rating for a recommendation: 60% rating is required for approval |
| 0-14 | Decline  |
| **PRICING Current Previous**  |
| **Interest Rate**  |  |  |
| **EST FEE** |  |  |
| **Monthly Service Fee** |  |  |

**RECOMMENDATION / REMARKS**

|  |  |
| --- | --- |
| **Branch Manager/ARM**  |   |
| **Head Retail**  |  |

Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Retail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Approved / Approved as amended to expire on** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Risk Manager                                                                Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GM Risk Management                                                             Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GM Treasury                                                                          Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance Director                                                                      Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Executive Officer                                                          Date