



Ministry of Local Government and Rural Development

**CONSTITUENCY DEVELOPMENT FUND
LOAN APPLICATION FORM
FOR
YOUTH, WOMEN AND COMMUNITY
EMPOWERMENT**

Instructions: This application form should be completed by the applicant and sent together with supporting documents to the Chairperson, Ward Development Committee.

NOTE: *This form is not for sale.*

Disclaimer: *Completion of the form does not guarantee the award of the Loan*

| | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Project Identification Number: (for official use) | YE/Zone/Ward Code Number WE/Zone/Ward Code Number CE/Zone/Ward Code Number |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

SECTION A. GENERAL DETAILS (TO BE COMPLETED BY THE APPLICANT)

1. Name of Business/Organisation/Company/Group/Cooperative/ Club

.....

2. Legal form of applicant (Limited Company (SME)/Group /Cooperative/ club:

.....

3. Date of Company/Group/Cooperative/Club Registration:

4. TPIN:

5. Authorized Representative

(To act on behalf of the Applicant and respond to any questions regarding the application)

| | | |
|--------------------------|-------|------------|
| Name of Contact Person | | |
| Position in the Business | | |
| Contact Number(s) | Cell: | Telephone: |
| Email | | |
| | | |

6. Project Location:

- (a) **Name of District**.....
- (b) **Name of Constituency:**
- (c) **Name of Ward**
- (d) **Name of Zone**
- (e) **Physical address**
-

SECTION B: DETAILS OF LOAN APPLICATION

- 1. **Loan application amount (in figures and words):**.....
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-

2. Description of business (eg. Pottery, Piggery, Carpentry, Tailoring, Metal Fabrication etc):

.....

3. Indicate whether the Company/Cooperative/Club is an existing one or a start-up:

.....

4. Purpose of the loan (eg. To start or expand a Pottery business, buy sewing machine, to buy metal fabrication equipment etc.)

.....

.....

5. Repayment period (time period for paying back the loan:.....)

6. Source of funds for repayment of Loan: (funds realized from the business and any other source):

.....

7. Collateral if any (eg assets such as land, equipment ets):.....

.....

8. Financials

(a) Breakdown of Capital Expenditure of Business Proposal

| | Description of cost | Quantity | Unit Cost (K) | Total Cost (K) |
|--|---------------------|----------|---------------|----------------|
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| | | | | |
| | Total | | | |

(b) Projected level of production

| S/No. | Description of product | Quantity | | | | | | | | | | | | | | |
|-------|------------------------|---------------|----|----|----|----|----|----|----|----|-----|-----|-----|----|----|----|
| | | Year 1/Months | | | | | | | | | | | | Y2 | Y3 | Y4 |
| | | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

(c) Sales Projections for the duration of the loan in years

| S/No. | Description of product | Sales Quantity | | | | | | | | | | | | | Unit Price (K) | | | | Total Sales (K) | | | | | |
|-------|------------------------|----------------|----|----|----|----|----|----|----|----|-----|-----|-----|----------|----------------|-----------------------|----|----|-----------------|----|----|----|--|--|
| | | Year 1/Months | | | | | | | | | | | | Total Y1 | Y1 | Y2 | Y3 | Y4 | Y1 | Y2 | Y3 | Y4 | | |
| | | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | Total Sale (K) | | | | | | | | |

(d) Projections of total operating costs for the duration of the loan

| S/No. | Description of costs | Operating costs (K) | | | | | | | | | | | | Total Costs (K) | | | |
|-------|----------------------|---------------------|----|----|----|----|----|----|----|----|-----|-----|-----|-----------------------|----|----|----|
| | | Year 1/Months | | | | | | | | | | | | Y1 | Y2 | Y3 | Y4 |
| | | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | | | | |
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| | | | | | | | | | | | | | | Total Sale (K) | | | |

(e) Financial data of current business operations where applicable

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <i>Please provide Financial data for your business</i> | |
| (a) What is the monthly revenue of the current business? If any | K |
| (b) What is the Total operating costs of the current business? | K |
| (c) What is the Total Net Profit of the current business? | |
| (d) How much have you invested in the current business? (e) Provide a breakdown of current investment eg. Land Assets: equipment Vehicles, tractors | K |

(f) Previous CDF Funding

| | | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| (a) Is Applicant or any of its shareholders/ members already beneficiary of a Loan or Grant under CDF Empowerment Fund? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) If Yes give details: | | |
| (c) Status of Loan (outstanding/repaid) | | |
| (c) Name of Business/Cooperative/Club | | |

9. Proposed Management Team

| No. | Full Name | Management Position | Management Qualification and Experience |
|-----|-----------|---------------------|-----------------------------------------|
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10. Business benefits/ impact on the following:

| | | | | | | |
|-----------------------------------------------|--------------------|--------------|------------|--------------|-----------------|-----------------------------------------|
| a) Customers | | | | | | |
| b) Suppliers | | | | | | |
| (c) Employment (Number of workers) | | Women | Men | Total | Of which | |
| | | | | | Youth | Physically Challenged (Disabled) |
| | Before CDF Funding | | | | | |
| | After CDF Funding | | | | | |

11. Capital Threshold and Repayment Period

| S/No. | ZMW | REPAYMENT PERIOD | TICK SELECTED OPTION |
|-------|------------------|------------------|----------------------|
| 1. | 5,000 – 10,000 | 12 months | |
| 2. | 10,001 – 25,000 | 18 months | |
| 3. | 25,001 – 50,000 | 24 months | |
| 4. | 50,001 – 100,000 | 36 months | |

Note: The loans are to be repaid in within the agreed period and recovery efforts will be initiated should the borrowers not pay back the loan.

12. Project Implementation

| | | | |
|-------------------------------------------------------------------------|--|---------------------|--|
| If you are funded, when would operations start? (Tick where applicable) | | | |
| Within 1 - 3 months | | Within 6 - 9 months | |
| Within 3 - 6 months | | More than 9 months | |

SECTION C: BANK DETAILS OF APPLICANT

Provide Bank account or mobile money wallet registered for your Company /Group/ Cooperative/Club:

Bank Name

Branch.....

Sort/Branch Code.....

Swift Code.....

Account Number.....

Tpin

Mobile Money Wallet Name and Number.....

SECTION D: APPLICANT DECLARATION

We the undersigned, declare that the information given herein is correct to the best of our knowledge and we will take full responsibility for the repayment of the loan and in the event of abuse and mismanagement, of the funds provided under this Empowerment Fund.

Company/Group/ Cooperative/Club Secretary

Full Names:

Signature:.....

Date:.....

Witness:

Head of the business/Company Director/Group/ Cooperative/Club Chairperson or shareholder/member:

Full Names:

Signature:.....

Date:.....

SECTION E: APPROVAL PROCESS

1. Recommendation by the Ward Development Committee

Recommended/Not Recommended/Deferred

Reasons:.....
.....
.....

Name (Chairperson):

Sign:

Date:

2. Decision by the Constituency Development Fund Committee

Supported/ Not supported.....

Reasons:
.....
.....

Name (Chairperson):

Sign:

Date:

3. Recommendation by the approved Financial Institution

Recommended for approval/ Not Recommended for approval:.....

Reasons:
.....
.....

Full Names :

Sign:

Date:

4. Signing of CDF Loan Agreement

The approved Loan Application will only become effective once the Loan Agreement has been signed and witnessed by both parties.

SECTION F: CHECKLIST OF REQUIREMENTS TO BE ATTACHED TO LOAN APPLICATION

| S/No. | Description of documents to be attached copies | Tick |
|--------------|--------------------------------------------------------------------------------------------------|-------------|
| 1. | Valid Certificate of Company/Group/ Cooperative/Club Registration | |
| 2. | Green National Registration Cards for Company shareholders/Members of Groups/ Cooperatives/Clubs | |
| 3. | Proof of Active Bank Account/Mobile Wallet | |
| 4. | Constitution of the Company /Group/ Cooperative/Club | |
| 5. | Copy of Signed Minutes | |
| 6. | Proof of property ownership/lease/consent agreement (Where Applicable) | |
| 7. | Recommendation letter from a Civic /Religious /Traditional Leader /Bank Manager | |
| 8. | Taxpayer Identification Number (TPIN) | |