

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	<input type="checkbox"/>
Business Plan	<input type="checkbox"/>
Financial Projections for three-years:	
- Cash flow on month-by-month basis	<input type="checkbox"/>
- Summary Profit & Loss	<input type="checkbox"/>
Six months personal bank account statements	<input type="checkbox"/>
Existing businesses	
<i>(These details may not be required for all applications. Your MFI Assessor will advise)</i>	
6 months business bank account statements	<input type="checkbox"/>
Recent management accounts	<input type="checkbox"/>
Certified/Audited accounts	<input type="checkbox"/>
Aged Debtors/Creditors & Stock listing	<input type="checkbox"/>

If you have any queries on the above, or require assistance, please contact us at:

Microfinance Ireland, Jefferson House, Eglinton Road, Donnybrook, Dublin 4
Tel: 01 260 1007 Fax: 01 260 8652 Email: info@microfinanceireland.ie www.microfinanceireland.ie

Part 1: Business Details

Please tell us about your business. This information will assist us in providing a professional timely response.

Applicant Business Name	<input type="text"/>	Primary Business Activity	<input type="text"/>
Trading Name (if different from above)	<input type="text"/>	In Business for	<input type="text"/> Years <input type="text"/> Months
Business Address	<input type="text"/>	No. of Employees	<input type="text"/> As at <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Contact Person	<input type="text"/>	Business Type	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Co. <input type="checkbox"/>
Email	<input type="text"/>	How did you hear about us?	LEO <input type="checkbox"/> Bank <input type="text"/>
Telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LDC / ILDN	<input type="checkbox"/> Media <input type="checkbox"/> Other <input type="text"/>
Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Business Ownership Details

List the names of all individuals who ultimately own or control 25% or more of the shares or voting rights in the Company/Partnership or otherwise exercises control over the management of the Company/Partnership.

1. Owner Name	<input type="text"/>	Director Yes <input type="checkbox"/> No <input type="checkbox"/>	Irish Resident Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Occupation	<input type="text"/>	Percentage Shareholding	<input type="text"/>
2. Owner Name	<input type="text"/>	Director Yes <input type="checkbox"/> No <input type="checkbox"/>	Irish Resident Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Occupation	<input type="text"/>	Percentage Shareholding	<input type="text"/>
3. Owner Name	<input type="text"/>	Director Yes <input type="checkbox"/> No <input type="checkbox"/>	Irish Resident Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Occupation	<input type="text"/>	Percentage Shareholding	<input type="text"/>
4. Owner Name	<input type="text"/>	Director Yes <input type="checkbox"/> No <input type="checkbox"/>	Irish Resident Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Occupation	<input type="text"/>	Percentage Shareholding	<input type="text"/>

List below any corporate shareholder that ultimately owns or controls 10% or more of the shares or voting rights in this Company or otherwise exercises control over the management of this Company

1. Company Name	<input type="text"/>	% of shares owned in the Company	<input type="text"/>
Registered No.	<input type="text"/>		
2. Company Name	<input type="text"/>	% of shares owned in the Company	<input type="text"/>
Registered No.	<input type="text"/>		

Please indicate who is the Company Secretary

Business Borrowing & Savings Details (Existing Businesses Only)

Borrowings	Financial Institution	Amount Outstanding (000's)	Monthly Repayments
Overdraft			
Business Cards			
Loans (incl. Credit Union)			
Leasing/Hire Purchase			
Commercial Mortgage			
Other Financial Commitments			
Note: Please provide details of arrears of repayments and arrangements in place on any of the above:			

Savings & Investments	Financial Institution	Amount Held (000's)
Current Account		
Deposits		
Other		
Investments		
Investment Accounts		
Shares		
Other		

Revenue			
Tax Status (Tax up to date?)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is a Revenue Agreement in place?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Monthly Amount of Revenue Agreement	<input type="text"/>		

Property	
Current property value	€ <input type="text"/>
Mortgage Outstanding	€ <input type="text"/>
Financial Institution	<input type="text"/>

Are you a customer of a Local Enterprise Office? If so, provide details below.

Local Enterprise Office (LEO) Contact:

Name:

Business Support Received:

Grant Aid Received:

State Aid

Have you received any state aid if so provide details below

Grant Provider	Date	Amount (€)

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

Previous Address (if less than 3 years at current address)

Contact Details

Email

Landline

Mobile

Date of Birth / /

PPSN

No of Dependants

Age Range From To

Residential Status
 Owner Tenant
 Living with Parents Other

Number of Years at Address

Estimated Value of Home €

Are you currently unemployed? Yes No

Annual Salary €

If no, for how long?

Do you qualify for Back to Work Enterprise Allowance (BTWEA) / other State support
 Yes No If yes, please provide details with your business plan.

Personal Financial Details Principal Business Owner

Personal Borrowings:

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

Type of Borrowing	Institution	Repayments	Details of Arrears/Arrangements

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

Personal Details

Secondary Business Owner

Name

Address

Previous Address (if less than 3 years at current address)

Contact Details

Email

Landline

Mobile

Date of Birth / /

PPSN

No of Dependants

Age Range From To

Residential Status Owner Tenant

Living with Parents Other

Number of Years at Address

Estimated Value of Home €

Are you currently unemployed? Yes No

Annual Salary €

If no, for how long?

Do you qualify for Back to Work Enterprise Allowance (BTWEA) / other State support

Yes No If yes, please provide details with your business plan.

Personal Financial Details Secondary Business Owner

Personal Borrowings:

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

Type of Borrowing	Institution	Repayments	Details of Arrears/Arrangements

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

Part 3: Application Details

Amount Required
(Max less than €25,000)

Purpose of Facility e.g.
Working Capital Loan

Repayment Period

Years

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 personal contact that we may contact for a reference (please provide name, address and telephone numbers)

Business Contact 1	
Name	
Address	
Telephone	
Mobile	

Business Contact 2	
Name	
Address	
Telephone	
Mobile	

Bank Decline

Please confirm you have been declined bank credit

Yes No

Name of Bank which gave decline

BOI

AIB

Ulster

Other

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: / /

2.

Date: / /