WEST ONE
Reaching Out to Help

MicroFinance

BUSINESS LOAN APPLICATION FORM

PART1: PERSONAL DETAILS

Title: Mr　　Mrs　　Miss　　Other *(please specify)*

Surname: _____ First Name: _____ Other Names: _____

Date of Birth: D|D|M|M|Y|Y|Y|Y　Place of Birth: _____ Sex: Male ☐　Female ☐

Home Town: _____ Religion: _____ Nationality: _____

Physical Residential Address: _____

Postal Address: _____

Residential Type ☐　Owned ☐　Rented ☐　Other *(please specify)* ☐

Length of Stay (Years): _____ Tenancy Expiry Date: D|D|M|M|Y|Y|Y|Y

Marital Status: Single ☐　Married ☐　Divorced ☐　Separated ☐　Widowed ☐

Name of Spouse: *(if any)* _____ Occupation: _____

Telephone: _____ Mobile: _____ Email: _____

Number of Dependants: Male(s) _____ Female(s) _____

Status of Dependants

Name(s)	Current Location	Occupation / Profession

Loan Details

Purpose of Loan: [_____]

Proposed Loan Amount (GHS) [_____] Proposed Loan Duration: [_____] Interest Rate (%) [_____]

Proposed Mode of Repayment [_____]

*** *How Does Applicant Finance Household Expences?:*

Business: ☐ Salary Income: ☐ Spouse Contribution: ☐ Other (please specify) ☐

Collateral / Security Coverage:

Kind of Security: [_____] Estimated Value of Security (GHS): [_____]

PART 2: PERSONAL FINANCIAL DETAILS
Credit History - (Existing Loans)

Facility	Loan Date & Duration	Lender / Bank	Loan Amount	Outstanding Balance	Int Rate(%)
1					
2					
3					

Current Assets & Liabilities

Assets	Stock	Receivables	Bank Balances	Cash Balances
Value (GHS)				

Projected Cash Flow:

Inflow (GHS)	M1	M2	M3	M4	M5	M6
Sales						
Outflow (GHS)						
Purchases						
Other Operating Cost						
Opening Balance						

Minimum Sales Revenue (GHS): [_____] Maximum Sales Revenue (GHS) [_____]

PART 3: BUSINESS DETAILS

Registered Name of Business: [   ]

Business Location: [   ]

Telephone: [   ] Website: [   ] Postal Address: [   ]

Business Registration Number: [   ] Registration Date: [   ]

No. of Years in Business: [   ] Commencement Date: [   ]

Nature of Business: (please tick) Trade: ☐ Service ☐ Manufacturing ☐ Construction ☐ Mining ☐

Ownership Structure of Business

Please tick and fill in the space below: Sole Proprietorship ☐ Partnership ☐ Limited Liability ☐ NGO ☐

Name(s) of Owner / Partnership Percentage of Ownership (%)

[   ]

[   ]

[   ]

Profile - Company Directors / Key Management Officers:

Name(s)	Educational Background	Age	Nationality	Date Appointed

Banker(s): [   ] Branch: [   ]

Does applicant maintain records of transactions: Yes ☐ No ☐

Other source of income: [   ]

Company's / Organisation's Assets

Type	Description	Location	Present Value (GHS)

Other Investments (please tick)

Treasury Bills: ☐ Term Deposit: ☐ Shares: ☐ Mutual Fund: ☐ Other (please specify): _____

Type of Insurance Cover on Assets: (please tick)

Comprehensive: ☐ Third Party: ☐ Other(please specify): _____

Name of Insurance Company: _____ Branch Location: _____

Declaration & Consent

I/We acknowledge that I/We have read, understand and agree to be bound by the following terms stipulated below;

1.1 /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 loan application process.

2. I/We hereby agree to bear full cost & charges prior to the loan assessment process until final loan disbursement.

3. I/We hereby agree that any penalty charges upon loan default can be added to the outstanding loan balance.

4. I/We hereby give consent to WML, to contact me/us by phone, e-mail or post in connection with the application for microfinance and loan repayments.

5. I/We hereby agree for WML to conduct further checks on me and/ or my enterprise on the Credit Bureau Reference System.

6. I/We hereby agree that WML can independently verify my/our bank statements and other vital documents provided by me/us.

_____ _____ _____
(Signature / Thumbprint of Applicant) (Interviewer) (Date)

How did you hear about WML? (please tick)

News Papers ☐ Radio / TV ☐ Client Referrals / Friends ☐ WML Website ☐ Other (Please Specify) _____

WEST ONE
MicroFinance

GUARANTOR'S FORM - 1st ☐ 2nd ☐

PERSONAL INFORMATION

Surname: _____ First Name: _____ Other Name(s) _____

Telephone: _____ Mobile: _____ E-mail: _____

Date of Birth: [D D M M Y Y Y Y] Place of Birth: _____ Sex: Male: ☐ Female: ☐

Marital Status: Single: ☐ Married: ☐ Divorced ☐ Separated ☐ Widowed

ID Type: Voters ID: ☐ Passport: ☐ Driver's Licence: ☐ National ☐ ID Number ☐

Home Town: _____ Region: _____

Physical Residential Address: _____

Length of Stay (Years): _____

Residential Type: Owned: ☐ Rented: ☐ Other (please specify) _____

Level of Education: JHS/SHS ☐ Degree: ☐ Postgraduate: ☐ PhD ☐

Profession / Occupation: _____ Place of Work: _____

Language(s) Spoken: _____ Religion: _____

Place of Worship: _____ Location: _____

Name of Loan Applicant: _____ Relationship with Applicant: _____

Declaration

1. I certify that the information provided above is true to the best of my knowledge and that I will be liable to any false representation.

2. I hereby agree to bear the full repayment should the applicant default in honouring the obligation of the amount owed to WML

_____   _____

(Signature / Thumbprint)   Date

Official Use Only

Customer Statuts: (please indicate) Loan Cycle: (please tick)   VIP ☐   Standard ☐

(Name of Offcial): _____ (Signature): _____ (Date): _____

Signature of Officals:

Manager: _____ Credit Officer: _____

Site Inspection Report	Name of Residential Locality:

Name of Business Locality (if operating as business):

DIRECTIONAL MAP TO BUSINESS LOCATION - (Loan Applicant)

DIRECTIONAL MAP TO RESIDENCE LOCATION – (Loan Applicant / Guarantor)

WML OFFICER (S):

Date of Inspection:	Signature: