CONSTITUENCY DEVELOPMENT FUND (CDF) LOAN

APPLICATION FORM FOR YOUTH, WOMEN AND COMMUNITY LOAN 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 only)***	**YE/Zone/Ward Code Number** **WE/Zone/Ward Code Number** **CE/Zone/Ward Code Number**

Loan Amount (ZMW)	

TYPE OF BUSINESS: …….

e.g Poultry, Piggery, Carpentry, Tailoring etc

Date e of Application	

CDF Loan Empowerment Application Form

Section A. General Details (To be filled by the applicant)

1. **Name of Business/Enterprise/Company/Cooperative making application…….....**

2. **Project Location:**

(a) Name of District……

(b) Name of Constituency: ……

(c) Name of Ward …….

(d) Name of Zone …….

(e) Business Physical Address……..

……..

3. **a. Description of Current Business Activities, if any**	
b. Legal Form of Applicant (e.g. Limited Company, Cooperative, etc.) Attach copy of certificate if registered.	
c. Date when Business was registered	
d. Copy of business registration certificate	Yes No
e. Contact Number(s) for Applicant	
f. Next of Kin and their physical address and Phone	Name: Physical Address NRC

	Phone No.

4. Shareholders of the Business:							
No.	**Full Names**	**Nationality**	**NRC/ Passport No. (provide copy of ID)**	**% share holding**	**Position in the Business**	**Physically Challenged (Disabled)**	
						Yes	**No**

5. Authorized Representative (*to act on behalf of the Applicant and respond to any questions regarding the ConceptNote)*		
Name of Contact Person		
Position in the Business		
Contact Number(s)	Cell:	Telephone:
Email		
6. Previous CDF Funding		
Is Applicant or any of its shareholders already a beneficiary of Loan or Grant Empowerment Fund?	Yes ☐	No ☐
If Yes give details:		
Status of Loan (outstanding/Repaid)		
Name of Business		
Type of Registration of Business		

7.0 BANK DETAILS

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

BANK NAME …….....

BRANCH……

SORT/BRANCH CODE……..…

SWIFT CODE……

ACCOUNT NUMBER.....

TPIN …….

MOBILE MONEY WALLET NAME AND NUMBER……..

8.0 Financial Data (*Please provide Financial data for your business).*	
What is the Monthly Income of the current business? If any	**ZMW**
What is the Monthly Expenses of the current business?	**ZMW**
How much have you invested in the current business?	**ZMW**

9.0 MARKET OVERVIEW

9.1 Trends in Demand *(Explain with regards to the Proposed Product)*

9.2 Trends in Supply (*Explain with regards to the Proposed Product)*

10.0 DESCRIPTION OF PROPOSED BUSINESS PROJECT

10.1 Business Operations

How is your business going to compete in terms of the following:

a) What products and/or services will you be selling to your customers?

b) Location (State the advantage of the location of the project)

ii) What kind of equipment will be needed for the operations?

iii) What will such types of equipment be used for in the operations?

iv) Where will you secure raw materials from and how?

v) What will be your cost of production per month

d) Price of products and income:

i) What will be the price of your products/services?

ii) What will be your income per month from the business operations

e) Sales Volumes

i) What will be your level of production per month or year

ii) Who will be your major competitors in terms of supplying the same products/services and why do you think you will survive the competition

11.0 Proposed Management Team

[Please indicate names, positions, qualification and relevant experience of key members of the management team that will implement and run the proposed business. Startup businesses may only include positions]

No.	Full Name	Management Position	Management Qualification and Experience

12.0 What will be the Business Impact? In not more than a sentence on each, pleaseindicate the positive impact this business will have on the following:						
a) How will your **customers** benefit from your business?						
b) How will your **suppliers** benefit from your business?						
c) Number of Workers:		**Women**	**Men**	**Total**	**Of which**	
					Youth	**Physically Challenged (Disabled)**
	Before CDF Funding					
	After CDF Funding					

13.0 PROJECT BUDGET				
No.	**Item**	**Quantity**	**Cost (ZMW)**	**Total (ZMW)**
1				
2				
3				
4				
5				
6				
7				
			Total Budget	

14.0 CLIENT CONTRIBUTION				
Will any of the above items be financed by the Business? If so, list below.				
No.	**Item**	**Quantity**	**Cost (ZMW)**	**Total (ZMW)**
1				
2				
3				
4				
			Total Budget	

15.0 Loan Information
CAPITAL THRESHOLD REPAYMENT PERIOD (select preferred capital threshold) 1. K5,000 – K10,000: Repayment Period 12 months 2. K10,001 – K25,000: Repayment Period 18 months 3. K25,001 – K50,000: Repayment Period 24 months 4. K50,001 – K100,000: Repayment Period 36 months 5. K100,001 – K200,000: Repayment Period 48 months

16.0 Project Implementation		
If you are funded, when would operations start?	Within 1-2 months Within 5-6 months	Within 3-4 months More than 6 months

17.0 DECLARATION

We the undersigned, on…….this…….day of…… 20……declare that the information given herein is the correct state of affairs to the best of my knowledge. We will take full responsibility in the event of abuse, mismanagement, defrauding of the funds provided under this empowerment fund:

18.0 SECTION D: RECOMMENDATION BY THE WARD DEVELOPMENT COMMITTEE

Recommended/Not Recommended/Deferred ……

Reasons:……

…….

……

Name (Chairperson): .....

Sign: .....

Date: .....

19.0 SECTION E: DECISION BY THE CONSTITUENCY DEVELOPMENT FUND COMMITTEE

Approved/Not Approved……

Reasons: ……

……

……

Name (Chairperson): .....

Sign: .....

Date: .....

CHIPATA CITY COUNCIL
FROM THE SOIL
WE
DERIVE OUR LIVING