



MINISTRY OF COMMERCE, MANUFACTURING, BUSINESS DEVELOPMENT, COOPERATIVES AND CONSUMER AFFAIRS
and the
SAINT LUCIA DEVELOPMENT BANK (SLDB)
MSME LOAN-GRANT FACILITY APPLICATION

PLEASE FILL THE FORM IN BLOCK LETTERS

Part 1		PERSONAL INFORMATION	
1.	Name of Applicant		
2.	Date of Birth (dd/mm/yyyy)		
3.	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
4.	Age of Applicant	31-40 <input type="checkbox"/>	41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/>
5.	Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>
6.	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/> Other <input type="checkbox"/>
		Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
7.	Place of Birth		
8.	Nationality		
9.	NIC Number		
10.	National ID Number		
11.	Home Address	Street Address:	
		Community:	
		District:	
12.	Contact Information	Telephone Number	
		Mailing Address	
		Email Address	
		Alternate Number (Name, Email and Tel Number)	
13.	Highest Education Level	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/>
		Other (please specify) <input type="checkbox"/>	
14.	Employment Status	Unemployed <input type="checkbox"/>	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/>
15.	Position in the Business	Sole Owner <input type="checkbox"/>	Director <input type="checkbox"/>
		Partner <input type="checkbox"/>	
		Other (please specify) <input type="checkbox"/>	



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Part 2		BUSINESS/COMPANY INFORMATION			
1.	Business/Company Name				
2.	Business/Company Registration	Business Registration/Company Certificate No.: _____			
3.	Business Structure	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/>			
4.	Tax Account Number				
5.	NIC Number (If Applicable)				
6.	Business Address	Physical Address			
		Postal Address			
7.	Business Email Address				
8.	Sector (Select one option)	Manufacturing	<input type="checkbox"/>	Professional Services	<input type="checkbox"/>
		Agro-Processing	<input type="checkbox"/>	Beauty and Wellness	<input type="checkbox"/>
		Agro-Tourism	<input type="checkbox"/>	ICT	<input type="checkbox"/>
		Agriculture	<input type="checkbox"/>	Creative Industries	<input type="checkbox"/>
		Retail	<input type="checkbox"/>	Food and Beverage	<input type="checkbox"/>
		Other (please specify)	<input type="checkbox"/>		
9.	Nature of Business (brief description)				
10.	How long has the enterprise been in operation?	Pre-Venture (not started)		<input type="checkbox"/>	
		Start-up Enterprise (up to 2 years)		<input type="checkbox"/>	
		Established (more than 2 years)		<input type="checkbox"/>	
11.	Number of employees	0– 5 <input type="checkbox"/>		6 –20 <input type="checkbox"/>	
12.	Annual Sales (in XCD)	Less than \$100,000 XCD			<input type="checkbox"/>



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		Between \$100,001 XCD and \$500,000 XCD	<input type="checkbox"/>
		Between \$500,001 XCD and \$1,000,000 XCD	<input type="checkbox"/>
		Not applicable	<input type="checkbox"/>
13.	Estimated value of business assets (in XCD) e.g.(vehicle, land, machinery, etc.)		
14.	Estimated value of business liabilities (in XCD) (e.g. Loan, Hire Purchase)		

Part 3		BUSINESS/COMPANY LOAN-GRANT REQUEST			
1.	What is the total cost of your proposed business' project? (in XCD)				
2.	How much funding is requested (in XCD)?				
3.	If the total cost exceeds funding request, please indicate source of additional financing.				
4.	State the purpose of the loan (Summarize your request).				
5.	Do you have any existing Loans or Grants for the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.	If "YES", please provide details.	Institution(s)	i)	ii)	iii)
		Type (Loan/Grant)			
		Amount XCD			



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Part 4		BUSINESS/COMPANY TRAINING & TECHNICAL INFORMATION			
7.	Have you received SEDU/SBDC training within the last two (2) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.1	Are you able to navigate online platforms such as Zoom and Google Meet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	Are you skilled in the use of MS Office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.3	Do you have access to these software programmes on your computer or tablet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.	Please indicate top three (3) training areas needed currently.	Business Planning	<input type="checkbox"/>	E-Commerce	<input type="checkbox"/>
		Bookkeeping & Financial Management	<input type="checkbox"/>	Standards Implementation	<input type="checkbox"/>
		Business Continuity	<input type="checkbox"/>	Export Planning	<input type="checkbox"/>
		Marketing	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>
		Creating Digital Presence	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>
9.	What is your preferred time to start training?	9:30 a.m.	<input type="checkbox"/>	5:30 p.m.	<input type="checkbox"/>
		4:30 p.m.	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>



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10.	Are you using any financial recording system in your establishment?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
11.	If “YES” to No. 10 above, please indicate the recording system.	Manual (e.g. Notebook)	<input type="checkbox"/>	MS Excel or Similar	<input type="checkbox"/>	
		Accounting Software :				
		Wave	<input type="checkbox"/>	QuickBooks	<input type="checkbox"/>	
		Xero	<input type="checkbox"/>	Peachtree	<input type="checkbox"/>	
		Other <input type="checkbox"/> (please specify):				
12.	Please indicate the type(s) of records kept	Details of the Systems:				
		Sales	<input type="checkbox"/>	Cash Reconciliation	<input type="checkbox"/>	
		Accounts Receivables	<input type="checkbox"/>	Cash Disbursement	<input type="checkbox"/>	
		Accounts Payable	<input type="checkbox"/>	Customer Database	<input type="checkbox"/>	
		Inventory System	<input type="checkbox"/>	Supplier Database	<input type="checkbox"/>	
		Asset Register	<input type="checkbox"/>	Long Term Debt	<input type="checkbox"/>	
		Other <input type="checkbox"/> (please specify):				
13.	Does your business have an online presence?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
14.	Please indicate which platforms are used	Business Website	<input type="checkbox"/>	Instagram	<input type="checkbox"/>	
		Facebook Page	<input type="checkbox"/>	YouTube Channel	<input type="checkbox"/>	
		Twitter	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>	
15.	How was your Enterprise impacted by COVID-19?					
16.	Give a short explanation on how the loan-grant facility will benefit your enterprise.					



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Declarations:

I _____ hereby declare/agree:

1. That the above information is true and correct. **2.** That I have not withheld from the Ministry of Commerce, Manufacturing, Business Development, Cooperatives and Consumer Affairs and the Saint Lucia Development Bank (SLDB) any information pertinent to this application. **3.** To authorize the Bank to make any enquiries related to the above information and this application. **4.** To provide any additional information or documents pertinent to this application. **5.** To undergo training and technical assistance if approved.

_____ _____ _____
Applicant name Signature Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Date Received:	Received by:	Signature:	
Date Assigned:	Assigned by:	Assigned to:	
Date Reviewed:	Reviewed by:	Signature:	
Application Status:	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Pending <input type="checkbox"/>