

SMALL BUSINESS RECOVERY FUND(SBRF) LOAN APPLICATION FORM



PostBank
EMPOWERING YOU

Branch		Date:	DD / MM / YYYY	Officer's Name:		PHOTO	
Operational Account Number <i>(To which loan shall be disbursed)</i>							
Loan Account Number <i>(To be filled by Bank Official)</i>							
A. Individual Applicant Details							
Surname:		Date of Birth:		DD / MM / YYYY			
Other Name(s):							
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Other	
ID Card Number (NIN):		ID Card Expiry Date:					
Tax Identification Number:		Financial Card Number:					
Contact Details							
Mobile Phone Number:		P.O Box Number:					
Other Phone Number:		Postal Office:					
Email: (Personal)							
Residential Details <i>(Please provide a sketch map to the residence)</i>							
Home Ownership:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	<input type="checkbox"/> Others.....	Period at residence:Yrs		
District:				Village & Zone:			
Spouse Names:				Phone Contact:			
B. Non- individual Entity Details							
Name of Entity:				Type of Entity:	Specify.....		
Physical Address:				P.O Box Number:			
Date of Registration:				Financial Card Number:			
Registration Number:				Tax Identification Number:			
Official Telephone Number:				Email (Official):			
Directors information							
Attach a fixed passport size photo	Director 1	Director 2	Director 3	Director 4			
Director's Names:							
Financial Card Number:							
Telephone Number:							
Share Holding:							
C. Loan Details							
Loan Purpose:							
Loan Amount (Max 100m):		Loan Repayment Period	_____ months				
Amount in words:							
Repayment Capacity:	How much can you/entity easily pay ? _____						
Applicant Type:	<input type="checkbox"/> Individual Applicant	<input type="checkbox"/> Non-individual					
Non-Individual Type:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other _____			
Number of Employees:		Annual Turn Over (Amt)	UGX _____				
Declaration:							
I/We declare that the information given in this form is true and complete and understand that any misstatements in the information provided in this form may lead to automatic disqualification of this application.							

Pledge:

- In the event of the loan applied for being granted and accepted by me, I agree to be bound by the rules of PostBank, I undertake to sign all such documents as may be required to secure a PostBank Agricultural loan facility and to pay all costs in connection therewith as will be specified u I acknowledge liability for the administration fees and wasted costs incurred by PBU or its lawyers in the event of my failure to meet my loan obligations that may lead to forced recovery.
- I agree that PostBank may, at its discretion and at any time repossess and dispose off the animals,equipment and stock acquired with the loan, together with any other security pledged if i fail to meet my loan repayment obligations either in part or wholly u I/We declare that the information given in this form is to the best of my/our undrestanding and is correct. I/We also understand that any misstatements in the information provided in this form will lead to automatic disqualification of this application.

Credit Reference Bureau consent:

WHEREAS the Central Bank of Uganda hereinafter referred to as BOU appointed, The Credit Reference Bureau hereinafter referred to as the Bureau to collect and maintain data regarding borrower from all Financial Institutions regulated by BOU.

AND

WHEREAS PostBank Uganda Limited hereinafter referred to as PostBank is a Financial Institution regulated under the Financial Institutions Act and has entered into an agreement for data collection and maintenance with the Bureau; IT IS HEREBY AGREED AS FOLLOWS:

For purposes of PostBank performing its statutory assessment of its customer's credit worthiness by cross checking my/our credit status with the Credit Reference Bureau, established under the Financial Institutions Act No. 2 of 2004, I hereby consent that;

- a) PostBank may receive, share, or exchange with the Bureau any relevant financial information/data about me/us supplied to it by any financial institution.
- b) PostBank may issue any reports whether positive or negative regarding my/our economic, financial, and commercial obligations and confidential information contained therein to the Bureau.
- c) PostBank may collect my/our personal information including fingerprints, photographs, name and contact details and any other identifying information, which I/We undertake to avail whenever required, and thereafter forward the same to the Bureau.
- d) PostBank may issue a card with all or any of the information in(c) above to be used to link the credit profiles and financial information kept by the

Bureau to me/us for PostBank, the Bureau or any other financial or authorized institution with a compatible card reading device to verify my/our identity and credit record. I/We have been duly advised and I am/we are fully aware of my/our right to lodge a complaint regarding, or challenge any information disclosed to or by the Bureau.

DISCLOSURE OF PERSONAL DATA

- a) You consent
 - i. To providing your personal data as submitted herein to PostBank Uganda Ltd for purposes of accessing financial services.
 - ii. That the Bank may in exercise of its responsibilities and in fulfilment of its mandate as a financial services provider and a regulated financial institution in compliance with the relevant laws, regulations and guidelines as issued by the Regulator or other competent authority, collect, control, process, share, exchange and/or store your personal data with its relevant business stakeholders in any part of the world.
- b) Notice:

You are hereby issued notice to the effect that;

 - i. Provision of your personal data as prescribed in this form to the Bank is a mandatory legal and regulatory requirement under the Financial Institutions Act,2004 (as amended), The Anti-Money Laundering Act, 2003 (as amended) , The Anti-Money Laundering Regulations and, The Registration of Persons Act,2015.
 - ii. Failure to provide all the data required in this form shall be ground enough to restrict you from accessing the desired financial services from the Bank.
 - iii. Authorized Bank officials, agents ,partners and/or vendors shall have access to your personal data for purposes of delivering financial services to you and, meeting other institutional regulatory and legal obligations.
 - iv. You have a right of access to, right to request rectification and deletion of data collected before and after the collection and;
 - v. Your data shall be retained by the Bank for as long as this relationship is maintained. Upon termination of this relationship, the Bank shall retain your personal data for a minimum period of ten years.

D. PEP STATUS CONFIRMATION

Please confirm if you personally hold or you are directly related to a person (a family member or close business associate) who holds; a Senior government office (Minister–President), a Senior elective political office (LC Mayors(LCV level), Chairperson and Member of Parliament), A senior Public Service Office (Heads & Deputy head of a Mission, Chief Administrative Officer and Permanent Secretary), a Director (executive & Non-Executive) in any state-owned corporation, Directors of International Agencies, Member of the National Executive Committee of any political party, Senior Judicial Officers (Judges and Registrars of the High Court and above) or Senior Military Official (Major – Field Marshal) , Senior Police Officers (Assistant commissioner of Police – Inspector General of Police),Senior Prisons Officers(Commissioners and Directors),Cultural leaders (King, Queen and Prime Minister),Family members include; spouse and children. Yes No (If yes please fill in the Politically Exposed Persons (PEP) Form)

Applicant Name:	Signature:	Date:
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY

Company Secretary Name: **Signature:**.....

Date:..... **Contact:**.....

E. Appraisal (To be completed by the bank official upon verification of information provided by customer)**Balance Sheet****(A) Current Assets (Cash at Hand, Cash at Bank, Account receivables, Prepayments etc.)**

Item	Amount
Total Current Assets	

(B) Fixed Assets (Land, Motor vehicles, Animals, Machinery & Fixtures etc.)

Item	Amount
Total Fixed Assets	
Total Assets (A+B)	

(C) Liabilities & Equity (Loans, Equity)

Total Liabilities	

Sales Revenue

Rental Income	
Income Per Unit	
Number of Unit	
Total Monthly Income	

Income from other activities

Income Source	Unit	Amount Per Unit	Frequency	Total Amount
Total				

Expenses (Business & Family Expenses)

Items	Quantity	Unit Price	Total
Total Monthly Expenses			
Net Income			

F. Outstanding Obligations *Please list your running loan obligations with any financial institution/Microfinance/

Bank/Institution Name	Operational Account Number	Outstanding balance
1.		
2.		
3.		

G. Guarantor(s) * Please separately attach a Guarantor Form filled by each (signed on approval)

Names (Individual/Entity)	Mobile Phone No.	PBU Account	E-mail
1.			
2.			
3.			

H. Collateral

- Developed Registered
 Developed Unregistered
 Undeveloped unregistered
 Undeveloped Registered Land
 Vehicle
 Chattels
 Customer Deposit
 Guarantee
 Others (Specify).....

Description (Collateral Details)	Registered Owner	Market Value	Forced Sale Value
1.			
2.			
3.			
4.			

Total	
Officers Recommendation	<input type="checkbox"/> Recommended <input type="checkbox"/> Rejected <input type="checkbox"/> Escalated
Justification	
Committee Decision	<input type="checkbox"/> Recommended <input type="checkbox"/> Rejected <input type="checkbox"/> Deferred

Name	Role	Date	Signature

Committee Chairman's Comments