

## YOUTH ENTERPRISE DEVELOPMENT FUND BOARD DIRECT FUNDING

Region:	County:			Constituency:		_	
Purpose of Loan	•	Loan Am	ount	Repayment period months	Affordable Instal	ment	
PERSONAL DETAILS 1							
Surname	Other Names			P.O. Box		Gender M 🗆 F 🗆	
ID/PP Number:		Occupati	on:		Married Single		
PIN:		Highest L	_evel of Educa	ation			
Birth Date:		Number	of Dependants	3:			
Spouse Name		Spouse I	D NO.		Phone		
Residence:(draw map ) Town/Estate: District			ict: Name of Your Chief:			Nature of residence Rent Own Other	
Division:			Phone:	Duration at this residence			
Sub-LocationVillage:				Name of Assistant Chief:	lf rented, Name of Land L	lf rented, Name of Land Lord	
				Phone:	Phone:		
Do you intend to relocate? Yes □ No □ If so, why?				Do your children attend school? Yes □ No □ Number Attending Schools?			
Any positions of leadersh	nip within the com	munity					
PERSONAL DETAILS 2							
Surname	Other Names			P.O. Box		Gender M 🗆 F 🗆	
ID/PP Number:			Occupation:	T Holie	Married Single	Other	
PIN: Birth Date:			Highest Leve	l of Education			
Chause Name			Number of De		Phone		
Spouse Name			Spouse ID N	0.	Phone		
Residence:(draw map ) Town/Estate: District:				Name of Your Chief:	Nature of resid Rent Own O		
Division:	Loc	ation:		. Phone:	Duration at this	residence	
Sub-LocationVillage:				Name of Assistant Chief:	If rented, Name of Land	If rented, Name of Land Lord	
				Phone:	Phone:		
Do you intend to relocate? Yes □ No □ If so, why?			Do your children attend school? Yes □ No □				
Any positions of leadership within the community				Number Attending Schools?			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
BUSINESS DETAILS							
Business Name: Description of Busine		ss Activity/Products	No. of Operat	Years in ion			
Licence No Directors: 1. 2.							
3.							

Address: certificates/articles to be attached) Rent   Own Own   Partnership Other   Partnership Other   Ouration at this location? Landlord Name: Telephone Number :   Do you intend to relocate? Yes   No Number of Paid Employees Full-time   Other Businesses: Sole Trade   Sole Trade Casual   Other Businesses:   Sole Trade Account No:   Account Balance Account No:   RefereRCES: Name, Address and Telephone *   Ist three or more references, Address & Tel.No. (suppliers, Landlords, peers, etc.)   Name Telephone *   References: Address & Tel.No. (suppliers, Landlords, peers, etc.) Name References: Address & Tel.No. (suppliers, Landlords, peers, etc.) Name References: Address & Tel.No. (suppliers, Landlords, peers, etc.) Name References: Address & Tel.No. (suppliers, Landlords, peers, etc.) Name References: Name, Address & Tel.No. (suppliers, Landlords, peers, etc.) Name References: Name, Address & Tel.No. (suppliers, Landlords, peers, etc.) Name References: Name, Address & Tel.No. (suppliers, Landlords, peers, etc.) Name References: Name, Address & Tel.No. (suppliers, Landlords, peers, etc.) Name References: Name References: Name References: Name References: Name References: Name References: Name Reference: Name Network: Name Reference: Name Network: Name Reference: Name Refe				
Telephone : Limited   Other Other   Duration at this location? Landlord Name: Telephone Number :   Do you intend to relocate? Yes   No Number of Paid Employees Full-time   f yes, why? Pull-time   Dther Businesses owned by Applicant/ Spouse   Cocation of Businesses:   SAVINCS/CURRENT ACCOUNT HISTORY   Bank/Institution   Account No:   Account Balance   (Please provide copies of 6 months certified statements)   REFERENCES: Name, Address and Telephone *   List three or more references, Address & Tel.No. (suppliers, Landlords, peers, etc.)   Name   I.   I.   2.   3.   CREDIT HISTORY (Prior 3-5 years) Have you ever applied for a loan before? Yes () No (). If yes, please provide details below:				
Duration at this location? Landlord Name: Telephone Number :   Do you intend to relocate? Yes INO INO   Number of Paid Employees Full-time Casual   Full-time Casual Casual   Other Businesses owned by Applicant/ Spouse   .ocation of Businesses: SAVINGS/CURRENT ACCOUNT HISTORY Bank/Institution Account No: Account Balance Bank/Institution Account No: Account Balance CPIEDERNCES: Name, Address and Telephone * Ist three or more references, Address & Tel.No. (suppliers, Landlords, peers, etc) Name Telephone * CREDIT HISTORY (Prior 3-5 years) Have you ever applied for a loan before? Yes () No (). If yes, please provide details below:				
Do you intend to relocate? Yes   No Number of Paid Employees   Full-timeCasual   Dther Businesses owned by Applicant/ Spouse     Casual      Casual   Dother Businesses owned by Applicant/ Spouse   Casual   Casual   Casual   Description   Casual   Casual   Casual   Casual <pcasual< p=""> Casual Casual <pcasual< p=""></pcasual<></pcasual<>				
f yes, why? Full-timeCasual   Dther Businesses owned by Applicant/ Spouse   Casual Casual Description of Businesses: Casual Casual Casual Casual Description of Businesses: Casual				
Socation of Businesses:         SAVINGS/CURRENT ACCOUNT HISTORY         Bank/Institution Account No: Account Balance         (Please provide copies of 6 months certified statements)         REFERENCES: Name, Address and Telephone *         .ist three or more references, Address & Tel.No. (suppliers, Landlords, peers, etc)         Name				
SAVINGS/CURRENT ACCOUNT HISTORY         Bank/Institution Account No: Account Balance         Bank/Institution Account Ro: Account Balance         References: Name, Address and Telephone *         List three or more references, Address & Tel.No. (suppliers, Landlords, peers, etc)         Name				
SAVINGS/CURRENT ACCOUNT HISTORY         Bank/Institution Account No: Account Balance         Bank/Institution Account Ro: Account Balance         References: Name, Address and Telephone *         List three or more references, Address & Tel.No. (suppliers, Landlords, peers, etc)         Name				
Bank/Institution       Account No:       Account Balance         Bank/Institution       Account No:       Account Balance         (Please provide copies of 6 months certified statements)       Account Balance       Image: Comparison of the statements of the statement of the st				
Bank/Institution Account No: Account Balance (Please provide copies of 6 months certified statements) REFERENCES: Name, Address and Telephone * List three or more references, Address & Tel.No. (suppliers, Landlords, peers, etc) Name Telephone relationship 2. 3. CREDIT HISTORY (Prior 3-5 years) Have you ever applied for a loan before? Yes () No (). If yes, please provide details below:				
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Name     Telephone     relationship       I.     .       2.     .       3.     .       CREDIT HISTORY (Prior 3-5 years)       Have you ever applied for a loan before? Yes () No (). If yes, please provide details below:				
lave you ever applied for a loan before? Yes () No (). If yes, please provide details below:				
lave you ever applied for a loan before? Yes () No (). If yes, please provide details below:				
Name of Lender Date Applied Amount of Loan Duration of Loan Monthly Instalment Amount outstan	nding			
Do you plan on borrowing any money from;				
Creditors NGOs Banks Family membersOther(specify) f yes, please provide terms and purpose.				
BUSINESS ASSESSMENT				
Major Business Suppliers: (See receipts)       Major Business Markets: (See records/sales book         Where do you buy? Who do you buy from?       Where do you sell and who do you sell to?	s)			
How often do you buy? How long does it typically take to sell your purchase inventory?	How long does it typically take to sell your purchases/ inventory?			
How much do you buy each time? How much do you sell in a typical week? month?	How much do you sell in a typical week? month?			
Will this change as a result of the loan? If Yes, how? Will this change as a result of the loan? If so, how?				
GROSS PROFIT MARGIN ON BEST SELLING PRODUCTS				
Product Selling Price (A) Purchase Price/Cost of Gross Profit Mar	·gin			
Production (B) (A-B) / A				
2				
3.				
k.				

BUSINESS MONTHLY PROFIT	AND LOSS ST	ATEMENT (bus	siness that is subject of loan)		
ACTUAL PROF	TT AND LOSS		PROJECTED PROF	TT AND LOS	SS
Sales			Sales		
Cost of Sales/Purchases			Cost of Sales/Purchases		
Gross Profit			Gross Profit		
Rent			Rent		
Utilities (Electricity, Phone, etc.)			Utilities (Electricity, Phone, etc.)	-	
Transportation			Transportation		
Labour			Labour		
Loan Repayments (Other)			Loan Repayments		
Other			Other		
Monthly Profit/Income			Monthly Profit/Income	-	
BUSINESS BALANCE SHEET	(business that	is subject of lo	an)	1	
ASS			LIABILITIES &	CAPITAL	
	Actual	Projected		Actual	Projected
SHORT TERM			SHORT TERM		
Cash (on hand and in Banks)			Creditors (Trade)		
Debtors			Bank Loans		
Stock					
LONG TERM			LONG TERM		
Total Fixed Assets			Bank Loans		
Other Assets			Other Liabilities		
			CAPITAL		
TOTAL			TOTAL		
	Ν	IET HOUSEHOI	_D BUDGET		
MONTHLY	INCOME		MONTHLY EX	PENSES	
	Actual	Projected		Actual	Projected
Borrower (net salary)			Housing		
Spouse (net salary)			School Fees (average per month)		
Business (from above)			Transportation/Vehicle		
Pensions			Food		
Other Businesses (Applicant or Spouse)			Utilities (Phone, Electricity, medical, entertainment, etc.)		
Other Income			Other Debt Repayments		
Total Household Income			Total Expenses		
Net Household Income					

	PROPOSED GUARANTORS	3
Name, address and telephone nun	nber/other contact information:	Relationship:
2		
Do any of the proposed guarantors	s have existing direct/indirect liabilities with	n the YEDFB? If Yes, what?
Kindly list all the Securities, givi security is not an applicant, one	SECURITY/COLLATERAL ing a detailed description and Serial Nu of the guarantors must be the holder of	mbers where Applicable. Where holder of of security.
DESCRIPTION OF ITEM	SERIAL NUMBER	VALUE(KSH)
TOTAL LIQUIDATION VALUE		
Other significant personal assets c	owned not listed as collateral and any liabil	lities against them:
accuracy. By my signature, I here person, conduct and commercial c	by authorise collection of references, from	ports regarding my credit history to Youth
1 <sup>st</sup> Applicant's Name	Signature	Date
	Signature	
	Signature	
Co-Borrower's Name	Signature	Date



## YOUTH ENTERPRISE DEVELOPMENT FUND BOARD

Gu	arantor Name:	Guarantor Perso		
	/PP No			
Re	lationship to Applicant:			
Ро	stal Address:	Code:	Phone No:	
	sidence (draw map): wn/Estate:	District		
Di	vision:	Locati	on:	
Su	b-Location:	Villa	ge:	
En	nployment or business:			
Ph	ysical Location:			
	onthly Income:			
	achable Security (Title dee			security for the loan
	Description	Serial No.		Discounted
1			Value	
2 3				
4				
5				
6				
7				
Sig	gnature of Guarantor		Date:	