



GOVERNMENT OF TRINIDAD & TOBAGO (COVID-19)
SMALL AND MEDIUM ENTERPRISES STIMULUS LOAN
FIRST CITIZENS APPLICATION FORM

COMPANY / BUSINESS PROFILE

Trade Name: _____

Registered Name: _____

Registered Business Address: _____

Operating Business Address: _____

Present Business Mailing Address (if diff): _____

Telephone #: _____ **Email address:** _____

Mobile #: _____ **Company Registration #:** _____

Type of Company: Sole Trader Partnership Limited Liability Company

History: No. of years in business: _____ No. of branches: _____

No. of years under current ownership: _____ No. of years at current location: _____

No. of employees: _____

Premises: Owned Rented Leased Term of lease: _____ Exp. Date: _____

Other Business Owned/Operated: _____

Type of Customer: New Customer Existing Customer Home Branch: _____

Preferred First Citizens branch: _____

***Has the Applicant applied for a loan under the Programme with any other participating Bank?:** Yes No

BUSINESS OPERATIONS

Nature of Business: Manufacturing Construction Wholesale/Retail/Distribution Services Tourism

Trading Activity: *(Specify: e.g. apparel, drug store etc.)* _____

Inventory Description & Value: _____

Major Suppliers: 1) _____

2) _____

3) _____

Major Clients: 1) _____

2) _____

3) _____

ANNUAL INCOME AND EXPENDITURE (Actual)

<u>Income: Actual</u>		<u>Expenses</u>		
			<u>Existing limit</u>	<u>Annual payment</u>
Annual Sales (\$):	_____	Existing	1. Corporate credit card limit	_____
Other Income (\$):	_____	Loan	2. Overdraft limit	_____
	_____	Payments(\$):	3. Mortgages	_____
	_____		4. Term Loans:	_____
	_____		a) _____	_____
	_____		b) _____	_____
	_____		c) _____	_____
	_____		d) _____	_____
		Inventory (\$):		_____
		Rent (\$):		_____
		Salaries (\$):		_____
		Utilities (\$):		_____
TOTAL:	\$ _____	TOTAL:	\$ _____	\$ _____

NEW LOAN REQUEST

Amount requested for Salary: \$ _____

Amount requested for Inventory: \$ _____

Amount requested for Working Capital: \$ _____

Total Loan Amount Requested: \$ _____

DIRECTORS / PARTNERS / OWNER INFORMATION

Directors / Partners / Owner:

Name of Principal 1: _____

Home Address: _____

Previous Address (If less than 3 years): _____ ID / DP / PP #: _____

Telephone No.(s): _____ Email: _____

Name of Principal 2: _____

Home Address: _____

Previous Address (If less than 3 years): _____ ID / DP / PP #: _____

Telephone No.(s): _____ Email: _____

I / We confirm that the information provided in this Application Form is complete and true, and confirm the following:

1. All information was provided for the purpose of obtaining Lending Services from First Citizens Bank Limited.
2. I / we authorize the Bank to obtain such information as it requires from any credit reporting agency or from any other source it deems appropriate.
3. *The Applicant hereby grants consent to First Citizens Bank Limited and/or the Administrative Agent to disclose to any participating Bank the fact that the Applicant has applied for a Loan Facility with First Citizens Bank Limited under the Programme for the purpose of verifying the above information.
4. This form will remain the property of the Bank whether or not the Loan is approved.

*Company
Stamp*

Signed this _____ day of _____, 20____

***APPLICANT'S SIGNATURE:** _____

***APPLICANT'S SIGNATURE:** _____

PRINT NAME: _____

PRINT NAME: _____

For Companies; a Director **and a Secretary **must** sign.*