



MICRO & SMALL BUSINESS GRANT 2016-2017



APPLICATION FORM

(Administered by the Fiji Development Bank)

Applicant Name:		Telephone No.	
		Mobile No.	
Business Name (if registered)		Registration No.	
Business Location & Address:		Email:	
Applicant Address/Postal Address:		Photo ID No.	
		Occupation:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	

Grant amount requested:	F\$..... (Maximum of \$1,000.00)
<p>Purpose of Grant: Explain how you intend to use the Grant for your business. Examples such as buying a Juice maker, deep freezer, poultry business, livestock farming, seeds, planting material, equipment handicraft tools, farming & fishing implements, sewing materials, bee-keeping, kiosk, roadside stalls, tents, etc.)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

Are you a past recipient and/or currently receiving or any other form of similar grant from the government or other institutions? (please tick one).

No Yes

If Yes, give details:

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<p>Business and Market Aspects</p> <p>Describe your business (type of business and number of workers)</p> <p>Who are your customers and competitors?</p> <p>Have you attended any business training/seminar/workshop? If yes, please explain and provide copy of certificate.</p> <p>What will this Grant enable your business to achieve? What business results are you expecting?</p>
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Projected Income Statement		
	Current Year (\$)	Forecast Year 1 (\$)
Income:		
Total Income (A)		
Less: Expenses		
Total Expenses (B)		
Gross Profit (A – B)		

I solemnly declare that the information and documents provided are true and complete to the best of my knowledge, and if proved otherwise I acknowledge that I will be liable for penalties as stipulated under the **False Information Act 2016**.

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Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Received by: (Name, Designation, Office, Location)			
Signature:		Date Received:	

Checklist

<input type="checkbox"/> Valid Photo ID	<input type="checkbox"/> 18 years and over
<input type="checkbox"/> Business Licence/hawker/or other approval attached	<input type="checkbox"/> Quotations attached
<input type="checkbox"/> Turnover \$30,000 or less and less than 5 employees	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Personal Saving and/or Business Bank Account provided	

Verifying Officer: (Name, Designation, Office, Location)			
Signature:		Date Forwarded to Grant Approval Committee:	

DECISION

Aspects met by Applicant: Yes - √ No - ×	<input type="checkbox"/> Management Aspects	<input type="checkbox"/> Project Location	<input type="checkbox"/> Low competition & low risk
	<input type="checkbox"/> Market Assessment	<input type="checkbox"/> Opportunity to expand and secure new markets	
<u>Comments:</u>			
Decision:	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	Amount Approved:
File/Account Number:		Date funds disbursed:	Branch Funds Disbursed From: