Office Use Only

| Inv/Contract # | |
|---------------------------------|--|
| Date Application Received | |
| Meeting Date | |
| Contract Date | |
| Date Completed | |
| Accepted / Declined / Withdrawn | |



Women Helping Women

LOAN APPLICATION FORM

(If you need help with filling in this form, please contact a Trustee on 020 496 4999)

PLEASE NOTE: This form MUST be completed in full in order to be considered for a loan.

PERSONAL DETAILS

| Name: | |
|--|-----------------------------------|
| Your Residential Address: | |
| Date of Birth: | Phone Number: |
| Fax Number: Emai | |
| Occupation: Driver's Licence / Passport Number: | |
| (Please bring your ID and a photocopy of your ID to | your interview with the Trustees) |
| Your Bank Details: (the account to deposit fun- | ds to) |
| Account No: | |
| Most Recent Employer: | Years: Months: |
| Their Address: | |
| Their Phone Number: | |
| Name/Address/Telephone number of contact prinformation given above): | person (if different from the |

| RECENT EXPERIENCES (LAST FIVE YEARS) |
|---|
| Work: |
| Education: |
| Other: |
| What has made you decide to apply for a loan? |
| When do you require the funds? |
| REFERENCES |
| Please supply the names, addresses and phone numbers and email for two referees (people who know you really well and who are not from your own family). |
| Referee #1: |
| Name: |
| Address: |
| |
| Phone Number: Cell Phone Number: |
| Email: |
| Referee #2: |
| Name: |
| Address: |
| |
| Phone Number: Cell Phone Number: |
| Email: |
| Please give the following details of a family member with whom you are in regular contact. |

| Family Member: |
|--|
| Name: |
| Address: |
| |
| Phone Number: Cell Phone Number: |
| Email: |
| We may contact the above people when considering your application. |

LOAN DETAILS

| value of Loan Sought: \$ (maximum amount is \$1,500.00) In some circumstances we could consider loans up to \$2,000. |
|---|
| · |
| Reason for Loan: (e.g. describe business or training purpose) |
| |
| Have you applied to any other Loan funds for this same reason? |
| Yes / No (if yes, please give brief details) |
| |
| Goals: |
| Short Term: |
| Five years: |
| Other: |
| How do you propose to pay back the loan, and within what period? Within twelve months (if \$1,000 or under) or eighteen months? |
| Business Applicants: Have you completed business training? |
| Business Training Completed: |
| Date Completed: |
| Business Name: |
| Business Address: |
| Business Ph No: Business Email: |
| NB: Please attach a current business plan. |
| FINANCIAL INFORMATION |
| Annual Income\$ |
| Include salary, wage, benefits, loans, boarders, shares, child support. |
| Please specify (joint) if applicable |
| Value of your personal savings\$ |
| Include savings, investments, bonds, shares, insurance, superannuation. |
| Please specify (joint) if applicable |
| Total Value of Assets\$ Include property, vehicles, furniture etc. Please specify (joint) if applicable |
| Total Value of Liabilities\$ |
| Include mortgage loans, HP, overdue accounts, credit/store cards, bills. |
| Please specify (joint) if applicable |
| Weekly Outgoings \$ |
| Include food, rent/board, mortgage, power, rates, phone, childcare, |
| Transport, HP payments, insurance, medical cost etc (joint) if applicable |
| Please list details on a separate page. |
| I confirm that the contents of this loan application form are true and accurate |
| Signed: Date: |
| Applications need to be posted (or emailed) by the end of the month, to |
| THE NELSON ANGEL WOMEN'S LOAN FUND, C/- 20 Lodestone Rd, Richmond 7020 |
| Or emailed to nelsonwomensloanfund@gmail.com |
| for consideration at the following monthly meeting. |