

# Bermuda Small Business Development Corporation

## BSBDC EEZ Small Business Loan of Working Capital - Application

### side A

Amount Requested  \$	What will you be using the loan for? (e.g. purchasing inventory, renovating the space, etc.)
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### General Business Information

Name of Business	Business Telephone Number	Business Fax Number
Email Address	Website Address	
Street Address (Physical address, not a PO box)		
Mailing Address (If different from street address)		
Date Business Started	Annual Sales	Employer Account # (Payroll Tax ID #)
Owner-Managed <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Payroll \$	<b>Economic Activity</b> <input type="checkbox"/> International business activity <input type="checkbox"/> Public administration <input type="checkbox"/> Community, social & personal services <input type="checkbox"/> Construction <input type="checkbox"/> Retail trade & repair service <input type="checkbox"/> Real estate & rental <input type="checkbox"/> Education, health & social work <input type="checkbox"/> Business services <input type="checkbox"/> Financial intermediation <input type="checkbox"/> Electric, gas & water <input type="checkbox"/> Wholesale trade & motor vehicles <input type="checkbox"/> Agriculture, forestry, & fishing <input type="checkbox"/> Transport & communication <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other <input type="checkbox"/> Restaurant, cafes & bars
Building is <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Terms of Lease Years      Months	
<b>Business Structure</b> <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company <input type="checkbox"/> Other		

Briefly describe the products or services rendered by your business

### Business Financial Information

Primary Bank	Insurance Provider	Accounting firm/Accountant
Lawyer/Legal Advisor	Today's Balance in your checking account at your primary bank \$	
Today's Balance in your primary savings account \$	Today's Balance in your business credit card(s) \$	

Please list all business debt and corresponding payment information (including bank loans). Attach additional sheets if necessary.

Creditor	Amount owed	< 30 days old	30 – 60 days old	> 60 days old

Please list all accounts receivable and corresponding payment information (including loans). Attach additional sheets if necessary.

Debtor	Amount owed	< 30 days old	30 – 60 days old	> 60 days old

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## BSBDC EEZ Small Business Loan of Working Capital - Application side B

### Principal/Owner Information

Please fill out for every principal/owner. Attach additional sheets for each co-owner.

Mr.	Mrs.	Ms.	Name	Social Insurance Number	
Address (physical address, no PO box)					
Telephone Number		Cell Phone/Pager Number		Email Address	
% Ownership in the Business		Employee of this Business <input type="checkbox"/> Yes <input type="checkbox"/> No		Check one <input type="checkbox"/> Full time <input type="checkbox"/> Part time	

### For all applications please attach:

1. \$20 Application fee.
2. Personal financial statements of each principal/owner.\*
3. Business plan according to the BSBDC business plan checklist.\*
4. Photo ID.

### Additionally please attach:

#### If your business has been in existence for over 12 months

1. Business financial statements for the past year.  
Provide financial statements for the past 2 years if you have been in business for 2-3 years.  
Provide financial statements for the past 3 years if you have been in business for more than 3 years.

#### If your business has been in existence for less than 12 months

1. Interim financial information (copies of bank statements, etc).

#### If your business is a partnership

1. Attach partnership agreement.\*

#### If your business is a limited liability company

1. Attach articles of incorporation and bye-laws.

\* Samples available at the BSBDC office.

### Certification and Authorisation

The Authorising Signatory certifies that he/she is authorised to execute the application for the business named above, and that the information included in this application and any documentation submitted in connection with the application is complete, true and correct. The signer(s) authorises the BSBDC to verify the information and to obtain personal and/or business credit reports. The signer(s) further agrees to provide additional information upon request and to notify the BSBDC promptly of any change in the information provided in this application.

Authorising Signatory	Business Name	Date
Signature		Title/Position in the Business
<input type="checkbox"/> I have read and agree to the Loan Terms and Conditions.		

**Please deliver the complete application form to:**

BSBDC  
Sofia House, 48 Church St., Ground Floor, Hamilton HM12