



TEVET LOAN ELIGIBILITY ASSESSMENT FORM

Name of Applicant(s):.....
.....
Group Name:.....
Name of institution(s) attended:.....
Field of study(s):.....
Date of Submission:.....
Age(s):..... **Sex:** Male: Female:

ATTACHMENTS	STATUS
Copy of Certificate	
Copy of National ID	
Date Submitted to Service Centre	
Date received at secretariat	

A. Contact details of Applicant(s)

Name of contact person: _____ Physical address: _____

Telephone/Mobile (for Self and Next of Kin): _____ Email address: _____

Village, TA, District: _____

Name and contact details of referee: _____

Name of Next of Kin: _____

Residential Address: _____

Phone Number: _____ Email Address: _____

Relationship to Applicant: _____

B. Business Information

Proposed business name: _____

Type of business entity: Individual: Group Business: Other:

Proposed business: _____

Proposed business location: _____

State the main business idea and explain why you want to do it: _____

How does the proposed business idea fit with your training received? _____

Total capital required for the business (MK): _____

Repayment Period (Number of Months): _____

Amount of loan applied for.
(Maximum of MK50,000,000 per group): _____

C. Business Overview

General Overview: Briefly describe your business using the table below. If needed, provide additional pages as annex.

What key activities will you carry out in your business?

What key products/ services will you produce in your business?

What main features will make your business different from others in your field?

What equipment will be needed for the business?

What raw materials will be needed for your business?

How many products/ services do you intend to produce or offer per month?

From your market research, how many products/ services will your target customers demand in a month?

Can you list down your potential customers?

What are the key challenges that you expect to meet in your business?

How do you intend to overcome the above challenges?

Business Linkages:

Describe how your business will benefit other business?

Indicate expected opportunities from working with other business?

D. Financial Overview

Capital budget and resources:

Investment	Total Cost (MK'000)
Capital Expenditure	
Total capital expenditure (a)	
Working Capital	
Total working capital (b)	
TOTAL Business costs (a) + (b)	

Direct costs

Projected indicators	1st 3 months	2nd 3 months	3rd 3 months	4th 3 months
Total Sales in MK (value of goods sold)				
Cost of Sales in MK (total amount spent on raw materials and labour to produce goods/services sold)				
Gross Profit (Total Sales less Cost of Sales)				
Operating Expenses (These include rent, wages, transport, machine maintenance, and similar recurring expenses)				
Net Profit in MK (Gross Profit less Operating Expenses)				
Total Assets (MK) (Value of raw materials and equipment owned)				
Liabilities in MK (Amount of money the business owes)				
Equity in MK (Total assets less liabilities)				

E. Sources of funding

FDH Loan (MK)	
Other: Specify	

Explain how you plan to sustain your business and repay your loan?

F. Development values

Which of these indicators describe the contribution that you expect your business proposal to make (please tick as appropriate)?

Creation of employment for Malawians:

Generation of foreign exchange:

Promoting industrial development in rural areas:

Value addition to local produce:

Compliment local supply to meet demand:

Conservation of the environment:

Waste management:

Other:

D. Signing

I (applicant) hereby declare that I have completed this application knowing that it will be assessed and evaluated according to loan conditions set by FDH Bank.

Applicant (Signed): Date:

Witness (Signed): Date:

Note: Please attach copy (ies) of your TEVET certificates.

For administrative purposes only (TEVETA Offices)

Received Date:	
Received By:	
Code:	

Recommendation by Regional loans eligibility assessment committee

i. Narrative:.....
.....
.....
.....

ii. Recommended Amount:.....

Name:.....Signature:.....Date:.....

Recommendation by Regional Service Centre Manager/ Head of training programmes:

Name:.....Signature:.....Date:.....

Date/Stamp:

Submit a completed form to your nearest TEVETA Offices.