

Bahamas Entrepreneurial Venture Fund Ltd.

LOAN APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

NIB#:

Phone:

Current address:

City:

Country:

P.O. Box:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Name of a relative not residing with you:

Address:

Phone:

City:

Island:

P.O. Box:

Relationship:

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EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

P.O. Box:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer:

Address:

How long?

Phone:

E-mail:

Fax:

City:

Island:

P.O. Box:

Position:

Hourly Salary (Please circle)

Annual income:

BUSINESS INFORMATION

Name of Company:

Address:

Phone:

Incorporation date:

Business License #:

City:

Island:

P.O. Box:

Sole Proprietorship:

Partnership:

Corporation:

Description of Business:

Bank Name:

Bank Address:

Type of account:

Account #:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Location of Registered Office:

List Shareholders:

Number of shares:

Number of shares:

Number of shares:

Number of shares:

List Directors:

Director

Director

Director

Bahamas Entrepreneurial Venture Fund Ltd.

LOAN APPLICATION

List Officers:		President
		Vice President
		Secretary

CREDIT CARDS

Name		Current balance	Monthly payment

MORTGAGE HOLDER

Bank		Current balance	Monthly payment

AUTO LOANS

Bank	Year/Make/Model	Balance	Monthly payment

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description	Type of Debt	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

I authorize BEVF Ltd. to verify the information provided on this form as to my credit and employment history.

Signature of applicant:	Date:
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