

MICRO, SMALL & MEDIUM ENTERPRISE (MSME) BUSINESS DISASTER RECOVERY FUNDING PROGRAM APPLICATION

BEVFL FROM NO. 00000004



Date of Application: \_\_\_\_\_ BEVFL Application No: \_\_\_\_\_

**A. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Nationality: Bahamian:  Yes or No  Other: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Sex: \_\_\_\_\_  
 City: \_\_\_\_\_ Island: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Home Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Work Contact: \_\_\_\_\_ Other: \_\_\_\_\_  
 Means of Identification: Drivers License No: \_\_\_\_\_ NIB No: \_\_\_\_\_ Passport No: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**B. BUSINESS INFORMATION**

Business Legal Name: \_\_\_\_\_ Registered/Incorporation Date: \_\_\_\_\_ TIN: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Island: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
 Business Contact 1: \_\_\_\_\_ Business Contact 2: \_\_\_\_\_  
 Work Contact: \_\_\_\_\_ Work Contact: \_\_\_\_\_  
 Mobile Contact: \_\_\_\_\_ Mobile Contact: \_\_\_\_\_  
 Business Email: \_\_\_\_\_ Business Email: \_\_\_\_\_  
 Other Contact: \_\_\_\_\_ Other Contact: \_\_\_\_\_  
 Type of Entity: Sole Proprietorship Incorporated Entity Partnership Other  
 Business Property Is: Owned Leased

Brief Description of Business: \_\_\_\_\_  
 \_\_\_\_\_

Number of employees (pre-disaster): Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Total: \_\_\_\_\_

Major Principals/Partners/Proprietors: (Provide for each owning more than 20% of the business. If more space is needed, please attach to this application.)

Names(s):	Address:	City/Island/P.O. Box:	Telephone Contact:	Email:	NIB Number:	Date of Birth:	% Ownership

Are you an officer of the company involved in any court proceedings? Yes No If yes, please explain on a separate sheet.

Amount \$ of Estimated Loss (if unknown, enter question mark):

Machinery & Equipment	\$ _____	Inventory/Supplies	\$ _____	Furniture & Fixtures	\$ _____
Building Repairs	\$ _____	Improvements	\$ _____	Other (please specify):	\$ _____

Insurance Coverage (if Any): \_\_\_\_\_  
 (if you need more space, attach additional sheets) Insurance Schedule of Coverage: (please attach copy to application)

Name of Insurance Company and Agent: \_\_\_\_\_  
 Phone Contact of Insurance Company and Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**C. BANKING RELATIONSHIP(S)**

Name of Financial Institution(s)	Account Type/Number	Actual Balance

**D. EXISTING DEBT(S)**

Financial Institution(s)	Loan Type	Loan Amount	Current Balance	Maturity Date	Monthly Payment	Collateral Pledged
Name: _____	Line of credit					
	Term Loan					
	Commercial Business					
	Letter of Credit					
	Secured					
	Other					
Name: _____	Line of credit					
	Term Loan					
	Commercial Business					
	Letter of Credit					
	Secured					
	Other					

Are loan payments current Yes No

**E. EQUITY USE OF FUNDS**

Amount requested: \_\_\_\_\_ Desired Term of investment (months): \_\_\_\_\_

Use of equity proceeds	Tick	Amount	Description
Building Repairs			
Inventory/Supplies			
Vehicle (company use only)			
Furniture & Fixtures			
Machinery & Equipment			
Improvements			
Other (Please specify)			
Total		\$ -	

**F. DECLARATION**

For all items selected, with the exception of Working Capital, up-to-date invoices/quotes are required to accompany application form. Applications will not be processed without these documents. Total Invoices/quotes supplied attached to this application MUST equal the Use of equity proceeds detailed above. Deviations from this listing WILL NOT be permitted.

By signing and submitting this MSME Business Disaster Recovery Program Application, I/We certify that all the above information and statements contained herein or attached hereto are a true and accurate representation of the financial condition of the business and its principals and contains no falsifications or misrepresentations. I understand that falsifications, misrepresentations and omissions may disqualify me from consideration for approval of the equity request. I/We hereby authorize The Bahamas Entrepreneurial Venture Fund Ltd, its agents, successors and assigns to pursue or seek verification of any information contained in this application either directly or through a credit reporting agency or another source named in this application at any time while checking the credit worthiness of this investment, or if approved, at any time while said investment has an outstanding balance due.

The Bahamas Entrepreneurial Venture Fund Ltd, its agents, successors and assigns will rely on the information contained in this application and I/We have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/We have represented herein should change prior to advancement of funds by The Bahamas Entrepreneurial Venture Fund Ltd or at any time thereafter, if requested.

It is further agreed that in the event that we make credit application elsewhere either prior to, during the term of, or following the making of the investment sought by this application. The Bahamas Entrepreneurial Venture Fund is also authorized to receive additional credit information and to answer any questions by third parties on their credit experience with the undersigned.

Also, by signing and submitting this MSME Business Disaster Recovery Program Application, I/We hereby grant the Bahamas Entrepreneurial Venture Fund Ltd, its agents, successors and assigns the right to access my/our financial information from the respective financial institutions and the right to obtain any missing required KYC documentation from the respective financial institutions. Furthermore, I/We agree to adhere to the mandatory covenant set forth by the Bahamas Entrepreneurial Venture Fund Ltd on a monthly basis. If my/our equity application is successful, I/We will submit to the Bahamas Entrepreneurial Venture Fund with a copy of my/our Financial Statements on a quarterly basis.

As a condition of the funding a member of the Bahamas Entrepreneurial Venture Fund Ltd, will take a Director's seat on the company's Board.

Signature of Applicant	Applicant 1 Signature:		Date:	
	Print name:			
	Applicant 2 Signature:		Date:	
	Print Name:			

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Date Received:		Location:		Online	Reviewed By:	
BEVFL Application Number:		Date Application Filed:		Date Application Processed:		
KYC Documents submitted:	Yes	No	Items Outstanding:			
Application Status:	Approved	Declined	Amount Approved:		Approved by:	
Disbursements Method:	Check	Wire Transfer	Check/Transfer No.		Date Funds Disbursed:	
Notes:						



**Bahamas Entrepreneurial Venture Fund Ltd**  
 26 Cumberland Street  
 P.O. Box N-1991  
 Nassau, Bahamas  
 Tel: (242) 356-4214 | website: www.bahamasventurefund.com | email: info@bahamasventurefund.com

BEVFL FORM NO. 009/2024

**Equity Application Checklist**

**Project Related: Date Received**

<input type="text"/>	Executive Summary (existing businesses ONLY)
<input type="text"/>	Historical Financial Statements for past two (2) fiscal years or copy of either Business license filing or VAT filing documents for past two (2) fiscal years
<input type="text"/>	Bank Statements for business account(s) (in lieu of financial statements)
<input type="text"/>	Quotes/Invoices/Bill of sale from vendors
<input type="text"/>	Valid Business License
<input type="text"/>	Copy of other applicable licenses
<input type="text"/>	Resume of Key Management
<input type="text"/>	Three (3) Contractor's estimates (if nature of work is a sort of lease/procure. Estimates must include scope of work to be completed and date of completion).
<input type="text"/>	Copy of Lease Agreement or Building title of ownership

**Equity Applicant(s):**

<input type="text"/>	Personal Statement of Affairs for the investor(s) and (or) guarantor(s)
<input type="text"/>	Copy of Passport (first 2 pages for equity applicant and all key principals of business)
<input type="text"/>	Valid Driver's License
<input type="text"/>	Valid National Insurance (NI) Smart Card
<input type="text"/>	Proof of Address (recent utility bill with address not less than three (3) months old)

**If Limited Company:**

<input type="text"/>	Memorandum & Articles of Association
<input type="text"/>	Business License
<input type="text"/>	Certificate of Incorporation
<input type="text"/>	Certificate of Good Standing
<input type="text"/>	Certificate of Incumbency
<input type="text"/>	Register of Shareholders
<input type="text"/>	Copy of latest VAT filing
<input type="text"/>	Resolution to obtain funding
<input type="text"/>	Annual Return (for existing operations)

**If Business Franchise**

<input type="text"/>	Franchise Agreement
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**Requirement Specific to Industry /Business Type**

Based on the nature of the project, specific information and government approval(s) will be requested.

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Verified by: \_\_\_\_\_

Date Verified: \_\_\_\_\_