

**MSME PROJECT**  
**BUSINESS DEVELOPMENT SERVICES FUND**  
**APPLICATION FOR A GRANT FOR FINANCIAL INSTITUTIONS**

<i>For office use only</i>	Received on:	Reviewed by:	Application N°:
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*All information provided in this form and on other documents will be held in strict confidence*

The purpose of this form is to help us obtain a clear picture of your business and how the consulting project will enable it develop innovative means to lend more to SMEs at competitive rates and on longer term.

Please type and deliver by hand, fax or e-mail to the BDS Fund Office at No 24 Nii Amoah Loop, East Legon. P O Box CT1890, Accra

If there is not enough space on the form, use additional sheets.

- Please ensure you have read this form fully and have understood it before you start filling it.
- All questions must be answered.
- This form must be accompanied by the following:
  - Technical and financial proposals from three Consultants.
  - A Business Plan
  - Financial Statements for the last three years
  - Proof of registration of your institution

**A: APPLICANT DETAILS:**

1. Financial Institution's name: \_\_\_\_\_

2. What is your institution's classification?

Universal Bank \_\_\_\_\_  
Savings and Loans Company \_\_\_\_\_  
Rural Bank \_\_\_\_\_  
Other, *please specify* \_\_\_\_\_

3. Institution's physical address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Institution's postal address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Institution's contact details:**

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**6. Name of contact person:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**7. Business Registration and BoG Licence Number:** \_\_\_\_\_ / \_\_\_\_\_

**8. Date of Registration:** \_\_\_\_\_

**9. Date of commencement:** \_\_\_\_\_

**B: BUSINESS DETAILS**

**10. Describe the nature of the services/products you offer SMEs**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. What was your total income for each of the last three years?**

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
	_____	_____	_____

**12. What was the value of the total loanable assets for 2007?** \_\_\_\_\_

**13. What percentage of your bad debt for the last financial year (2007) can be attributed to SMEs?** \_\_\_\_\_

**14. What was the proportion of interest expenses to interest income over the last three years?**

<b>Year (December)</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
	_____	_____	_____

**15. How many branches does your institution have?** \_\_\_\_\_

16. In how many regions does your institution operate? \_\_\_\_\_

17. In how many districts does your institution operate? \_\_\_\_\_

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*Please complete the following, indicating your expectations for June 2008 and June 2009*  
[SMEs are companies with annual sales turnover/net assets (excluding land) of less than \$2 million]

	June '07	June '08	June '09
18. Average interest rate (APR) on all loans	_____	_____	_____
19. Average interest rate (APR) on SME loans	_____	_____	_____
20. Average SME loan turnaround time	_____	_____	_____
21. Average SME loan term	_____	_____	_____
22. Total SME loan portfolio	_____	_____	_____
23. Number of SME loan applications disbursed	_____	_____	_____
24. Average term of SME loan	_____	_____	_____
25. Loan loss provision	_____	_____	_____

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26. Do you have a department that caters exclusively for SME needs? Yes\_\_ No\_\_

27. If Yes, How many people do you employ in that department? \_\_\_\_\_

28. Of these what number are in the marketing/credit department? \_\_\_\_\_

**C: OWNERSHIP:**

29. What is the shareholding structure of your institution?

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**D: INFORMATION**

30. What is the business need that requires technical assistance?

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**31. What technical assistance is required to solve the business problem (identified above)?**

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**32. When will the provision of the technical assistance start? \_\_\_\_\_**

**33. When will the provision of the technical assistance end? \_\_\_\_\_**

**34. What benefits do you expect 12 to 18 months after the technical assistance has been delivered to your institution?**

**Benefit (*quantify*)**

***When expected***

*(e.g.: increase in SME lending, longer term SME loans, quicker SME loan turnaround time, etc)*

- 1**
- 2**
- 3**
- 4**
- 5**
- 6**

**35. Name the three consultants from whom you received proposals:**

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**36. Which is your preferred consultant?**

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**37. Why do you prefer the consultant (in 36) above?.**

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**38. What is the cost of the technical assistance for which you are applying for grant?**

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**(Please ensure your consultants have submitted their BDS Registration Forms and relevant CVs detailing their experience in the field where their expertise is now required, to the BDS Fund)**

**E: OTHER FINANCIAL SUPPORT**

**39. Are you in receipt of, or have you applied for, donor financial support from any other source for the activities for which you are applying for support from the BDS Fund?**

Yes \_\_\_\_ No \_\_\_\_

**(Please be aware that dual donor funding of the activity, or grant assistance from more than one source, is not permitted and may result in cancellation of the grant.)**

Name:

Position held:

Date:

Signature:

**PLEASE NOTE: SIGNING OF THIS FORM IS ALSO A FORMAL DECLARATION THAT THE APPLICANT IS NOT RECEIVING FINANCIAL SUPPORT FROM ANY OTHER SOURCE FOR THE ACTIVITIES APPLIED FOR.**

<p><b>Please note that applications cannot be processed unless all the relevant information has been received.</b></p>
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