I/We hereby apply for the working capital limit by way of Overdraft/ Loan, limit of GH¢......

Plot 154, Comm. 16, Tema. Opp. Ecobank, Sakumono P. O. Box TS 406, Accra | **Tel:** +233 (0) 302 811 877 **email:** info@evmicrofnance.com **web:** www.evmicrofnance.com

TO-

The Branch Manager EV Microfinance Ltd Spintex

formonths and append below the r	elated information-
QUOTOMED DOCELLE	
CUSTOMER PROFILE:	
Name of Applicant	
Place of Business	
Resident Address	
Place of storing, if any	
Postal Address	
Tel/ Cell number	
Date of Establishment	
Line of Activity	
VAT Registration Number	
VAT Return last filed on	

MANAGEMENT PROFILE:

Name of Directors/Management	Age	Position	Experience in line of activity
Whether Business Premises are Own/Rented			1
Sources/Major Suppliers in the Commodities	Traded		
Name of the Firms engaged in similar activity locality	in same	1.	
		2.	
		3.	

Other Business Interest:

Name of Firm	Business Activity

Relationship with Other Financial Institution:

Financial Institution	Credit Facility If Any	Amount GH¢

Financials:

Net Worth

Assets (Building, Vehicle, Land,	Amount GH¢	Liabilities (Creditors, Loan,	Amount GH¢
Furniture, Stocks)		Overdraft)	
·			
Total		Total	
		Capital	

Income and Expenditure for the previous Six Months:

Details	M1	M2	M3	M4	M5	M6	Total
Sales							
Other Income							
Total Income							
Total Purchases							
Expenses							
Total Expenditure							
Profit							

Cash flow Projections for Next Six Months:

Details	M1	M2	M3	M4	M5	M6	Total
Sales							
Other Income							
Loan							
Total Inflow							
Outflows							
Purchases							
Loan Repayment							
Expenses						1	
Total Outflows					P		

Security:			
	escription		
Purpose of Loan:			
Date:		Signature of Applicant	
OFFICE USE ONLY			
Name of Receiving Officer			
Signature/ Date:			
Remarks:			