



**MINISTRY OF TOURISM, COMMERCE, INVESTMENT, CREATIVE INDUSTRIES, CULTURE AND HERITAGE
DEPARTMENT OF COMMERCE
and the
SAINT LUCIA DEVELOPMENT BANK (SLDB)**

PLEASE FILL THE FORM IN BLOCK LETTERS

For official use only
Loan-Grant Recipient Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 1	PERSONAL INFORMATION
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1.	Name of Applicant			
2.	Date of Birth (dd/mm/yyyy)			
3.	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
	Age of Applicant	31-40 <input type="checkbox"/>	41-50 <input type="checkbox"/>	51-60 <input type="checkbox"/> Over 60 <input type="checkbox"/>
5.	Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>
6.	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Other <input type="checkbox"/>
		Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	
7.	Place of Birth			
8.	Nationality			
11.	Home Address	Community:		
		District:		
12.	Contact Information	Telephone Number		
		Mailing Address		
		Email Address		
		Alternate Contact (Name, Email and Tel Number)		
14.	Employment Status	Unemployed <input type="checkbox"/>	Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/>
15.	Position in the Business	Sole Owner <input type="checkbox"/>	Director <input type="checkbox"/>	
		Partner <input type="checkbox"/>		
		Other (please specify) <input type="checkbox"/>		



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Part 2		BUSINESS/COMPANY INFORMATION			
1.	Business/Company Name				
2.	Business/Company Registration	Business Registration/Company Certificate No.: _____			
3.	Business Structure	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/>			
6.	Business Address	Physical Address			
		Postal Address			
7.	Business Email Address				
8.	Sector (Select one option)	Manufacturing	<input type="checkbox"/>	Professional Services	<input type="checkbox"/>
		Agro-Processing and Agri-Business	<input type="checkbox"/>	Food and Beverage	<input type="checkbox"/>
		Agro-Tourism	<input type="checkbox"/>	ICT	<input type="checkbox"/>
		Green and Climate Resilient	<input type="checkbox"/>	Community Based Retailers	<input type="checkbox"/>
		Other (please specify)	<input type="checkbox"/>		
9.	Nature of Business (brief description)				
10.	How long has the enterprise been in operation?	Pre-Venture (not started)		<input type="checkbox"/>	
		Start-up Enterprise (up to 2 years)		<input type="checkbox"/>	
		Established (more than 2 years)		<input type="checkbox"/>	
11.	Number of employees	0– 5 <input type="checkbox"/>		6 –20 <input type="checkbox"/>	21–50 <input type="checkbox"/>
12.	Annual Sales (in XCD)	Less than \$100,000 XCD			<input type="checkbox"/>



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		Between \$100,001 XCD and \$500,000 XCD	<input type="checkbox"/>
		Between \$500,001 XCD and \$1,000,000 XCD	<input type="checkbox"/>
		Not applicable	<input type="checkbox"/>
13.	Estimated value of business assets (in XCD) e.g.(vehicle, land, machinery, etc.)		
14.	Estimated value of business liabilities (in XCD) (e.g. Loan, Hire Purchase)		

Part 3		BUSINESS/COMPANY GRANT REQUEST
1.	What is the total cost of your proposed business' project? (in XCD)	
2.	How much grant funding is requested (in XCD)?	
3.	If the total cost exceeds grant funding request, please indicate source of additional financing.	
4.	State the purpose of the grant. (What will the funds be used for?)	
5.	Give a short explanation on how the grant will benefit your enterprise.	



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6.	Have you benefited from the previous MSME Loan Grant Facility with the Department of Commerce?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.	If “YES”, provide details on how the funds were used to improve business operations.				
8.	Do you have any other existing Loans or Grants for the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
9.	If “YES”, please provide details.	Institution(s)	i)	ii)	iii)
		Type (Loan/Grant)			
		Amount XCD			

