

2019

THE GR CONSULTANCY GROUP

BUSINESS LOAN

APPLICATION FORM



THE GR CONSULTANCY GROUP BUSINESS FUNDING SOURCING

APPLICATION FORM 2019

Applicant(s) Details			
Business Name			
Nature of Business		Business Premises	Yes/No
Industry			
Registration No.			
Telephone	Work	Home	Mobile
Email Address			
Year Business Established/Year Trading Commenced and month if under two years			
Employees	___ Number of Full Time Employees (including owner/owners) – over 30 hours per week ___ Number of Part Time Employees (including owner/owners) – less than 30 hours per week		
Ownership	<input type="checkbox"/> At least 50% of the business is owned by myself. <input type="checkbox"/> Limited liability company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Others		
Location of the Business	Country:	City:	
	Address Line:	Postal Code:	
Business Activity Details			
Business Description (What does your business do?)			
Background to Funding Sourcing (What opportunity or issue does your business face that this funding would help address?)			

--	--

Benefits
 (How will your business benefit as a result of this funding?)

Tick boxes that apply.

Increase our business income.

Broaden the products or services our business offers.

Create new jobs.

Increase our profile amongst our target market and customers.

Make our business more sustainable.

Improve our ability to access new markets.

Mitigate risks from climate change.

Other (specify below)

Capital loan Applying for:

Business Funding – from 0 – up to \$50,000

Business Assistance Loan – from 0 up to \$100,000

Business Upgrade Loan – from \$100,000 up to \$500,000

Business Growth Loan – from \$500,000 up to \$1,000,000

Funding Details

Expenditure
 (List what you will use the loan for.)

<i>Expenditure Item</i>	<i>Estimated Cost</i>
Business Loan amount requested.	

Further Information
 Please provide any further information or explanation that you think is required in support of this loan application.

Supporting Information Attached:

(Tick those that apply)

Business Plan - required for Business Assistance, Business Start-Up and Business Growth Loans.

Financials – if separate from your Business Plan

Budget and Cash Flow Forecast – if separate from your Business Plan

Quotes - must be less than 30 days old.

Copy of your current business license.

Business Bank Account Details:

DECLARATION

I, hereby declare that I am authorised to make this declaration on behalf of myself, or the applying business. I confirm that:

1. The information contained in this Business Funding Application and supporting material is accurate and accept that if any information given, or representations made in this request, or subsequent correspondence, is found to be misleading or inaccurate in any material respect; then The GR Consultancy Group on behalf of it's Funding Partners may at its discretion discontinue the Funding.
2. That the business owners reside in the registered Country of the Business.
3. I, or my business, am currently trading.
4. I understand that the Funding Agency matched to my application may request other information that may be required to assess my application. I understand that in the event that we do not supply the requested information, or that this application form is incomplete, then this application will not be assessed.
5. Summary information about the application and any resulting grant (including applicant name, purpose of the grant and level of funding) may be made publicly available.
6. I, as the signatory, have the authority to commit the applicant to this application/contract.
7. In submitting this application, myself as the applicant and if applicable the named business acknowledges that the assessment of applications will be a subjective and relative process, and that the Matched Funding Agency has final decision-making authority in this process.
8. If I am successful in my Business Funding sourcing Application, I agree to enter into a Business Funding Agreement with the matched Funding Agency.

Signature _____

Date _____

Important Notes:

1. You can include additional pages to support your Funding sourcing Application. Please ensure these pages are numbered and have your company name at the top of each page.
2. Please seek the eligibility criteria and the Funding requirements from our Agents or website to ensure you comply with the requirements. Applications that do not meet the criteria or are incomplete will not be assessed.
3. All applications will be sent an acknowledgement within 24 hours of your application being received by The GR Consultancy Group's sourcing Department.
4. Please allow up to 48 hours from submitting your application. All applicants will be advised of the outcome of their application whether successful or not successful within 3 working days.
5. **This form should ONLY be submitted if the applicant is able to pay a Business funding sourcing fee of 550 GBP upon confirmation of an available matching funding from The GR Consultancy Group.**

NEXT STEP

Completed applications may be provided in either hard copy or electronic copy to:

The GR Consultancy Group
1523 Abington Ave, Northampton NN1, The United Kingdom.
Tel: +44 18 6453 0016
Email: info@grconsultancygroup.org
Website: www.grconsultancygroup.org

CONTACT PERSON INFORMATION	
FULL NAME:	
NATIONALITY:	
COUNTRY OF RESIDENCE:	
CITY:	
ADDRESS LINE:	
TEL:	
EMAIL:	
FAX:	
P.O BOX:	
POSTAL CODE:	
DESIGNATION:	