



MICRO & SMALL BUSINESS GRANT 2017 - 2018



APPLICATION FORM

(Administered by the Ministry of Industry, Trade & Tourism and the Fiji Development Bank)

Applicant Name:		Father's Name:	
		Telephone No.	
Applicants: Home Address: Postal Address:		Mobile No.	
		Photo ID Number:	
Business Location & Address:		Occupation:	
Applicants Bank Details:	Bank Name:	Email:	
	Account Number:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	

Grant amount as per Quotation:	F\$
Intended Purpose of Grant: (Juice maker, deep freezer, poultry, livestock, seeds, planting material, equipment handicraft tools, farming & fishing implements, sewing material, cooking utensils, canteens and kiosk, roadside stalls, tents, etc.)	

Are you a past recipient and/or currently receiving or any other form of similar grant from the government or other institutions? (Please tick one).

No Yes

If Yes, give details:

.....

.....

Business and Market Aspects Describe your business (type of business and number of workers).
Who are your customers and competitors?
Have you attended any business training/seminar/workshop? If yes, please explain and provide copy of the training/seminar/workshop certificate.
How will this Grant benefit your business?

Projected Income Statement		
	Current Year (\$)	Forecast Year 1 (\$)
Income:		
Total Income (A)		
Less: Expenses		
Total Expenses (B)		
Gross Profit (A – B)		

I certify that the information contained in this application and in all attached sheets is true, accurate and complete in every particular respect.

You are authorized herewith to request any information you may require regarding my accounts and financial arrangements with my Bankers or other Financial Institution or my Creditors.

.....

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Received by: (Name, Designation, Office, Location)			
Signature:		Date Received:	

Checklist:

<input type="checkbox"/> Valid Photo ID	<input type="checkbox"/> 18 years and over
<input type="checkbox"/> Business Licence/Hawker/or Other approval attached	<input type="checkbox"/> Quotations attached
<input type="checkbox"/> Income of \$30,000 or less and less than 5 employees	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Personal Saving and/or Business Bank Account Details provided	

Verifying Officer: (Name, Designation, Office, Location)			
Signature:		Date:	

DECISION

Aspects met by Applicant:	<input type="checkbox"/> Management Aspects	<input type="checkbox"/> Project Location	<input type="checkbox"/> Low competition & low risk
	<input type="checkbox"/> Market Assessment	<input type="checkbox"/> Opportunity to expand and secure new markets	
Yes - √	<u>Comments:</u>		
No - ×		
		
Decision:	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	Amount Approved: