

**For Office Use Only**

Training recommended:

Date Approved/Declined:

Reason:



**For Office Use Only**

Participant invited to <training ID>  
on <dd/mm/yyyy> by <staff name>  
via email / phone (circle)

By:

**Dominica Youth Business Trust**  
**Loan Guarantee Fund Application Form**

PHOTOGRAPH  
OF  
APPLICANT

Name .....

Date of Birth ..... / ..... / .....

Address .....

Marital Status .....

Telephone .....

Social Security # .....

Email .....

Children [ ]Males [ ]Females

1. Name and Location of Enterprise: .....

2. Type of Business: .....

3. Business Partners: .....

4. Business Status: Pre-start Trading 4a. If Trading, business start-up date: ..... / ..... / .....

5. If business is Trading, number of employees (including owner): .....

6. Education level: No formal education Less than High School High School College University/higher

7. Training/experience acquired to undertake your business venture: .....

8. Duration of training: .....

9. Training Institution: .....

10. Current Employment details: .....

11. Amount of loan being requested: .....

12. Primary purpose of loan: .....

13. Financial Institution where loan is to be processed: .....

14. Have you taken any loans in the past? Yes ..... No .....

15. Financial Institutions where loans were processed: .....

16. What is your credit status? Good ..... Fair ..... Poor .....

17. How did you hear about us? .....

18. Referee # 1: ..... Telephone .....

# 2: ..... Telephone .....

.....  
APPLICANT'S SIGNATURE

.....  
DATE