

# WOMEN ENTERPRISE FUND

Ministry of Gender, Children & Social Development

## Loan Application Form

### Constituency Women Enterprise Fund (C-WES)

This form is to be completed in Triplicate (**Original** to be sent to Head Office and a **copy** for the group and the District, Gender and Social Development Officer)

Application No.....  
Date completed by SHG:.....  
Date approved by DWEFC:.....  
Date sent to the Head Office:.....  
Date received in Head Office:.....

#### 1 Group data

Tick  where applicable.

Group Name: .....  
Date of Registration:..... Reg. No..... Bank/SACCO Acc. No.....  
Loan Applied for Kshs..... Bank Branch:.....  
Loan Recommended, Kshs..... Indicate whether: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  loan  
Date last loan received:.....

#### 2 i) Location of the Group

District:..... Constituency:..... Division:.....  
Location:..... Nearest church/mosque/primary school to the business .....

#### ii) Location of Business

Township/Estate/village..... Plot No./Street:.....

#### 3 Loan Repayment Record

If not a 1st loan, how much did you borrow and for how long? Kshs.  Months   
No. of members..... Any default reported? NO  YES   
If YES, reasons for default:.....

#### 4 Membership profile

##### a. Age Profile

Gender	18-35	36-45	46-55	56-60	61 & above	Members with Disabilities
Male						
Female						
Total						

b. Indicate number of members belonging to other Self Help Groups (SHGs):  
1 group only   
2 groups only   
More than 2 groups

This form is not for SALE but can be copied, printed and photocopied

c. For members in multiple groups, indicate if they have accessed loans from Women Enterprise Fund.

NO  YES  If yes, is the loan cleared? NO  YES

d. Education levels and summary of members' formal education

Details	Number of members
Upto primary level	
Upto secondary education	
Past secondary education	

Attach list of group members clearly showing their names as they appear on the National Identity Card and the ID. Numbers, sex, date of birth, leadership position in the group and signature of each group member. **(This list must be certified by the Divisional Gender and Social Development Officer or the Local Gender and Social Development Assistant after verifying original ID numbers of each group member).**

**5 Brief background of the group:**

- i) Purpose/Objective: (eg) Improve economic well-being of members: .....
- ii) Key activities: .....
- iii) Achievements: .....

6 State the type of proposed business. Is it start up or expansion?

Business type (Tick  $\sqrt{\quad}$ ):-

- i) Start up (new)
- ii) Expansion

7 For an **existing business**, provide the following information on performance for the **last six months**.

Performance	MONTHS						
	1st	2nd	3rd	4th	5th	6th	Total
i Sales per month							
<b>Expenses</b>							
ii Cost of purchases							
<b>Gross profit</b>							
iii Premises rent							
iv Transport							
v Airtime							
vi Council Licence							
vii Wages/Salaries							
viii Other expenses							
<b>Net profit</b>							
<b>Total Bankings</b>							

8 For a proposed **new business**, provide your projected budget for the **next six months** using the format below.

Performance	MONTHS						
	1st	2nd	3rd	4th	5th	6th	Total
i Sales per month							
<b>Expenses</b>							
ii Cost of purchases							
<b>Gross profit</b>							
iii Premises rent							
iv Transport							
v Airtime							
vi Council Licence							
vii Wages/Salaries							
viii Other expenses							
<b>Net profit</b>							
<b>Total Bankings</b>							

9 **Securities offered by officials as guarantors**

List the items offered as securities and their values (e.g.)sofa set, electronics, cattle, goats, e.t.c.

Chairperson		Treasurer	
Item	Value (Kshs)	Item	Value (Kshs)
<b>Total</b>		<b>Total</b>	

Secretary	
Item	Value (Kshs)
<b>Total</b>	

10 **Loan Conditions**

- i) 3 months grace period
- ii) Repayment period (Max. 12 Months).....
- iii) 5% administration fee
- iv) Default penalty of Kshs.500/= per month
- v) Suspension of registration certificate for unrecoverable loans/or complete default

11 **Banking and Training history**

- i) a) When did the group open a bank/SACCO account? Date, ...../...../20.....
- b) Has the group borrowed from Bank/SACCO/MFIs/Others in the past? NO  YES

**This form is not for SALE but can be copied, printed and photocopied**

If yes, how much? Kshs....., was the amount fully paid?  NO  YES

ii) How many members have bank/SACCO accounts

Indicate the names of banks/SACCOs, NGOs: .....

iii) Has any of the members been trained on entrepreneurship? (Tick as  $\checkmark$ )  NO  YES

If yes, indicate when and on what topics:

iv) Are there members with running loans or who have borrowed in the past (tick as  $\checkmark$ )  NO  YES

If yes, indicate amount and institutions

Names	Bank/SACCO/NGO	Amount	Duration

**12 Group guarantee and commitment to loan repayment:**

*We, the undersigned, being the validly elected leaders of the group, hereby commit the group individually and jointly to repay the loan amount disbursed plus 5% management fee to the appointed account in twelve (12) equal instalments after the 3 months grace period. We also confirm that the above information is true.*

- a. Chairperson (Name):..... ID. No..... Tel. No..... Signature.....
- b. Secretary (Name):..... ID. No..... Tel. No..... Signature.....
- c. Treasurer (Name):..... ID. No..... Tel. No..... Signature.....

**NB: Please attach signed minutes of the group meeting(s) that agreed to the terms and conditions of the borrowing.**

**FOR OFFICIAL USE**

**13 Recommendations:**

Approved amount Kshs. ....(in words).....

Repayment period.....

Deferred,Reasons .....

Rejected,Reasons .....

**14 Certification comments by the District Gender and Social Development Officer on the existence of the group members and the conduct of the group in the locality.....**

**15 Divisional Women Enterprise Fund Committee (DWEFC) recommendation (Minute No:.....)**

We have validated and technically assessed the proposal, and we approved the proposal :

Signed by Chairperson:.....

Witnessed by Treasurer:.....

Signed by all D.W.E.F.Cs members sitting on date...../...../20...../place.....

Name	Designation	ID. Number	Mobile Number	Signature
	Chairperson			
	Secretary			
	Treasurer			

**16 Check list of copies of documents attached (tick ✓ )**

Certificate of registration  Bank/Sacco A/C. statement

IDs/Passport all members  Minutes of group meeting

List of membership  Bank/SACCO number

I, Mr/Mrs/Ms..... DG&SDO .....District, confirm that all the documents are attached:

Signed:....., This...../...../20.....