# 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: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 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 ☐

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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 of expansion?

Business type (Tick √):-

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 | | | | | | | |
| | **Expenses** | | | | | | | |
| ii | Cost of purchases | | | | | | | |
| | **Gross profit** | | | | | | | |
| iii | Premises rent | | | | | | | |
| iv | Transport | | | | | | | |
| v | Airtime | | | | | | | |
| vi | Council Licence | | | | | | | |
| vii | Wages/Salaries | | | | | | | |
| viii | Other expenses | | | | | | | |
| | **Net profit** | | | | | | | |
| | **Total Bankings** | | | | | | | |

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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 | | | | | | | |
| | **Expenses** | | | | | | | |
| ii | Cost of purchases | | | | | | | |
| | **Gross profit** | | | | | | | |
| iii | Premises rent | | | | | | | |
| iv | Transport | | | | | | | |
| v | Airtime | | | | | | | |
| vi | Council Licence | | | | | | | |
| vii | Wages/Salaries | | | | | | | |
| viii | Other expenses | | | | | | | |
| | **Net profit** | | | | | | | |
| | **Total Bankings** | | | | | | | |

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)** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Total** | | **Total** | |

**Secretary**

| Item | |
|---|---|
| | |
| | |
| | |
| | |
| | |
| **Total** | |

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 **<u>Banking and Training history</u>**

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 ☐

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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 enterpreneurship? (Tick as √) ☐ 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 √ ) ☐ 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.***

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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…….

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