

Happy Life Capital and Property Investment Ltd. Ghana Application Form

Please check you are eligible to apply:

- Does your business employ fewer than ten people.
- Do you have an annual turnover and/or balance sheet

Application Checklist

Your Application Form <u>fully</u> completed	
Business Plan	
Financial Projections for 1 year as follows:	W
- Cash flow on month-by-month basis for the first 12 M	lonths
- 1 year Summary Profit & Loss	
Existing businesses must also supply:	
Existing businesses must also supply:	
Live your dreams, plan	
Latest 6 months business bank account statements	
Existing businesses must also supply: Latest 6 months business bank account statements Recent management accounts Certified/Audited accounts	

If you have any queries on the above, or require assistance, please contact us at:

<u>finance@happylifecapitalpropertyinvestment.com</u> property@happylifecapitalpropertyinvestment.com

Part 1: Busin	professional timely re		innation will assist us in providing a
Applicant Business Name		Primary Business Activity	
Trading Name (if different from above)		5 / 6	
Business Address		Business/Company Registration No.	
		In Business for	Y Years M Months
Contact Person		No. of Employees	As at D D / M M / Y Y
		No. of Employees expe	cted in 12 months
Email		Business Type	Sole Trader Partnership Ltd. Co.
Telephone		How did you hear abou	t us?
Mobile			Media Credit Union
	ith Happy life Capital and Property Investment		
Ltd. Ghana or have yo	ou applied previously?		Bank Other
Y	/es No		(Please Specify) (Please Specify)
12	Liet the names of all i	individuals who ultimat	ely own or control 25% or more of the
Business Owners	shares or voting right		nership or otherwise exercises control over
1. Owner Name		Director Yes I	No Irish Resident Yes No
Address			Date of Birth D D / M M / Y Y
Occupation			Percentage Shareholding %
2. Owner Name	1-1-X-2-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-	Director Yes	No Irish Resident Yes No
Address			Date of Birth D / M M / Y Y
Occupation			Percentage Shareholding %
· L	1 TAN - 1 1 TAN - 1 TA		
3. Owner Name		Director Yes	No Irish Resident Yes No
Address			Date of Birth D D / M M / Y Y
Occupation			Percentage Shareholding %
4. Owner Name		dreams, Plan	
	_ D_	Director Yes 1	No Irish Resident Yes No
Address			Date of Birth M M / Y Y
Occupation			Percentage Shareholding %
	ate shareholder that ultimately owns or controls 10% gement of this Company	6 or more of the shares or	voting rights in this Company or otherwise exercises
1.			% of shares owned in the Company
2. Company Name			
Registered No.			/0
			% of shares owned in the Company
3. Company Name			%
Registered No.			
Please indicate who is	the Company Secretary	2	Version 4

Amount Required Repayment Period Years Months Purpose of Facility e.g. Working Capital Loan Describe briefly the purpose of your loan and what financial input is being provided by you directly or otherwise and the source of these funds. Please let us know if your business is supported by a Local Enterprise Office, Business Angels and / or other Specialist Funds. Planned Expenditure: Amount Source of Funds Amount Own Funds Family Funds Other Investors Bank Loan **Grant Support** Other **Total Funding Total Expenditure** Details of Expenditure: Please provide full details of one business and one personal contact that we may contact for a reference Referees (please provide name, address and telephone numbers) **Business Contact** Personal Contact Name Name Address Address

Telephone

Mobile

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Part 2: Application Details

Telephone

Mobile

Business Borrowing & Savings Details (Existing Businesses Only)

Account Type (Current, Deposit, Mortgage, Loan, Credit Card, Leasing/Hire Purchase, Investments, Shares, Etc.)	Financial Institution	Amount Held/ Outstanding	Monthly Repayment	Final Repayment Date	Purpose of Loan
Note: Please provide deta	ails of arrears of repaymen	ts and arrangemen	ts in place on ar	ny of the above:	
Tax Status (Tax up to date?) Is a Revenue Agreement in place? Monthly Amount of Revenue Agreement					
Are you a customer of a Local Enterprise Office? If so, provide details below. Local Enterprise Office (LEO) Contact:					
Name:					(5)
Business Support Receive	ed:				
Grant Aid Received:					
State Aid Have you received any sta	ate aid if so provide details	below			
Provider				Date	Amount (€)

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Part 3: Personal Details

Your personal details are also important to us and while it is critical to understand your business, it is also important to understand its owners. These details will help us meet your current needs.

Primary Business Own	er	No of E	Dependents	
Name		Age Ra	ange From	То
Address		Reside	ential Status	Owner Tenant
			Living wi	th Parents Other
		Numbe	er of Years at Address	
Previous Address (if less than 3 years at current address)		Estima	ted Value of Home	€
		I WITH A	Arx	Yes No
Contact Details	1032		or how long?	
Email				Y
Landline		Do you State s	qualify for Back to Work Eupport	Enterprise Allowance (BTWEA) / other
Mobile		Yes	No If yes, please	provide details with your business plan.
Date of Birth	DD/MM/		ou ever been bankrupt, de red against you?	eclared insolvent or had a judgement
PPSN		Yes		provide details with your business plan.
			, , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Personal Financia	l Details			
Name (Primary Busine	ess Owner)	- 1 -		
Asset Type	Asset Value I	iability Type	Amount	Repayment Arrangements
Cash	Banl	COverdraft		
Property	Mort	gage		
Other	Pers	onal Loans		
Cars/Vehicles	Othe	er Loans		
Deposits/Investments	Hire	Purchase/Leasing		
Shares	Cred	lit Card		
Other	Othe	er		
Totals	Tota	ls		
Personal Income State	ement			
Income Type	Amount		Income Source & F	requency
Salary				
Pension				
State Assistance				
Other				
Other				
Total				

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Personal Details Secondary Business Owner No of Dependents Age Range From То Name Residential Status Owner Tenant Address Living with Parents Other Number of Years at Address Previous Address Estimated Value of Home € (if less than 3 years at current address) Are you currently employed? Yes No € If yes, annual salary **Contact Details** If no, for how long? Email Landline Do you qualify for Back to Work Enterprise Allowance (BTWEA) / other State support Mobile If yes, please provide details with your business plan. Yes Have you ever been bankrupt, declared insolvent or had a judgement Date of Birth M M / Y registered against you? If yes, please provide details with your business plan. Yes No **PPSN Personal Financial Details** Name (Secondary Business Owner) Liability Type **Asset Type Asset Value Amount** Repayment Arrangements Cash Bank Overdraft Property Mortgage Other Personal Loans Cars/Vehicles Other Loans Deposits/Investments Hire Purchase/Leasing **Shares** Credit Card Other Other **Totals** Totals **Personal Income Statement** Income Source & Frequency **Income Type Amount** Salary Pension State Assistance Other Other Total

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1. Data Protection

I/We acknowledge that I/We have read, understand and agree to be bound by the following terms governing data protection.

1.1 Happy Life Capital and Property Investment Ltd.Ghana as Data Controller

In consideration of Happy Life Capital and Investment Ltd.Ghana ("HLCPI") considering your proposal for loan finance and for any facilities that may be made available to you, it will be necessary for you to provide certain data (including personal data within the meaning of the Data Protection Acts) in order to allow HLCPI Ltd. Ghana and parties processing data on behalf of HLCPI Ltd. Ghana to assess your proposal/application. In performing its functions ,HLCPI Ltd. Ghana will be required to gather personal data ("Data") on the individual seeking funding (this will also be the case where an individual(s) is/are promoting a company which is seeking funding).

1.2 How we use your Data

In compliance with the Acts, Data gathered by HLCPI Ltd. Ghana and further disclosed by them to selected third parties (see below) will be held securely and confidentially. The Data will only be used for the purposes of the functions and activities of HLCPI Ltd. Ghana. HLCPI Ltd. Ghana will only process Data (and disclose such Data to selected third parties) in fulfillment of its business activities, being to provide loan finance and to receive repayments of loan finance.

1.3 Data you Provide

HLCPI Ltd. Ghana captures Data which is provided directly by the proposed borrower/the borrower. The Data about the (proposed) borrower is typically gathered by HLCPI Ltd. Ghana through this application form. This Data would include name(s), address(es), phone number(s), email address(es), date(s) of birth, details of the business including personal contributions, loan amounts, interest rates, repayment schedules and any other related information.

Data may be provided by you about another individual. In relation to the provision of such Data to HLCPI Ltd. Ghana you are responsible for ensuring thatthe consent of the individual(s) to the processing of his or her Data by HLCPI Ltd. Ghana (and selected third parties) has been fully and fairly obtained.

1.4 Data Provided by Others

HLCPI Ltd. Ghana may obtain Data from third party sources, including the disclosures referred to below. For example, HLCPI Ltd. Ghana may obtain additional Data in cases of loans where there has been a default and this information is required to make a judgment on loan facility.

1.5 Disclosure of Data

For the purposes of assessing your loan application, HLCPI Ltd .Ghana may share your Data with the following entities for the following reasons:

- 1.5.1Our Partners, including your Local Enterprise Office and their appointed personnel and advisers (e.g. credit assessors and / or mentors that they may appoint from time to time to assist in the application process). They will need access to your Data in order to evaluate whether or not you are a suitable candidate for loan finance.
- 1.5.2External Credit Assessors as appointed from time to time by HLCPI Ltd. Ghana including their appointed personnel and advisers. They will needaccess to your Data in order to evaluate whether or not you are a suitable candidate for loan finance.
- 1.5.3 HLCPI Ltd. Ghana also reserves the right to share your Data with its parent or subsidiary companies.
- 1.5.4 We may also share Data with third parties where we are requested to do so by any regulator or otherwise by law.

1.6 Credit Checking

HLCPI Ltd. Ghana may conduct a credit search against the Data in order to evaluate whether or not you are a suitable candidate for loan finance. For the avoidance of doubt, you agree that HLCPI Ltd .Ghana or its agents (including the parties set out above)may carry out a credit check with the ICB (or similar credit references databases), where deemed appropriate, and using your Data for the purpose of credit assessment.

If you decide to proceed with this facility or any other communication with MFI through or in relation to its services, you accept the use by HLCPI Ltd .Ghana of the Data as indicated above.

For the purposes of the Acts, HLCPI Ltd. Ghana will be the controller of your Data. Where we engage third parties to process Data on our behalf we will ensure that they do so under contract and within the terms of this Data Protection Notice and the Acts.

2. Declaration and Consents:

- I/We hereby confirm that the application form has been completed truthfully and fully and that no material fact with regard to my/our financial position has been omitted from same failure to disclose information or providing incorrect information in this process will result inimmediate disqualification from the Microfinance credit application process.
- I/We hereby give HLCPI Ltd. Ghana the requisite authority to engage with the named bank where my/our original application for creditwas declined to validate and investigate the details supplied above.
- I/We hereby give consent to HLCPI Ltd. Ghana and/or the Local Enterprise Office, to contact me/us by phone, e-mail or post in connection with my application for microfinance.
- I/We hereby consent for the purposes of the Defamation Act to any publication in good faith by the Local Enterprise Office to HLCPI Ltd. Ghana of any statement or opinion in relation to me/us and my/our application for credit.
- I/We are aware that, if our application for this loan facility is successful, I/we will be liable for the loan personally, and/or the promoters and/or the shareholders will have to provide an indemnity, and will be jointly and severally liable for the loan, should the facility approved become unpaid.

Signature(s) of Applicant(s)	1.	Date	DD / MM / YYYY
Please sign hard copy			
of Application form	2.	Date	DD / MM / YYYY

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