

ATHLONE COMMUNITY TASKFORCE



Revolving Loan Fund

Application Form

Please complete this application form and submit to: Enterprise Office, Business Development Centre, Parnell Square, Athlone Phone: 090-6494555.

ATHLONE COMMUNITY TASKFORCE

Revolving Loan Fund

Application Form

APPLICANT		BUSINESS	
NAME		NAME	
ADDRESS		ADDRESS	
TEL:		TEL:	
Email:		Email:	
Amount Sought €			
PURPOSE OF LOAN			
SECURITY			
METHOD OF PAYMENT	Direct Debit		
BANK DETAILS	BANK NAME:		
	BANK ADDRESS:		
	ACCOUNT NAME:		
	ACCOUNT TYPE:		
	ACCOUNT No:		
	BANK SORT CODE:		
LOAN APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> OTHER <input type="checkbox"/>			
Back to Work Enterprise Allowance Status			
Approved <input type="checkbox"/> Applied for <input type="checkbox"/> Pending <input type="checkbox"/>			

	PROMOTER'S DETAILS		BUSINESS DETAILS
NAME		NAME	
ADDRESS		ADDRESS	
TEL:		TEL:	
Email:		Email:	

SOLE TRADER	PARTNERSHIP	LIMITED COMPANY
SELF-EMPLOYED REGISTRATION No:	COMPANY REG No:	

[illegible]

ATHLONE COMMUNITY TASKFORCE

Revolving Loan Fund

Application Form

EQUIPMENT AND RESOURCES

PLEASE DETAIL HERE
ANY EQUIPMENT OR
RESOURCES YOU
WILL PUT TO USE IN
RUNNING YOUR
BUSINESS, for
example:

TOOLS, VEHICLE/S,
PREMISES OR
EXPERTISE.

MARKETING INFORMATION

LIST HERE, THE
PRODUCTS OR
SERVICE/S YOUR
BUSINESS WILL
PROVIDE

[illegible]

ATHLONE COMMUNITY TASKFORCE

Revolving Loan Fund

Application Form

FINANCIAL INFORMATION

PLEASE PROVIDE DETAILS OF ANY COSTS INVOLVED IN SETTING UP YOUR BUSINESS	ITEM	COST €
	TOTAL COSTS	€

PLEASE DETAIL YOUR SOURCE/S OF FUNDING	SOURCE	AMOUNT €
	Your own funds	€
	Other Income	€
	Grants	€

EXISTING FINANCIAL EXPOSURE	Please list any Borrowings	Repayments	Amount/s Outstanding
	€	€	€
	€	€	€
	€	€	€
	€	€	€

ATHLONE COMMUNITY TASKFORCE

Revolving Loan Fund

Application Form

HAVE YOU UNDERGONE ANY BUSINESS SKILLS TRAINING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WOULD YOU LIKE TO PARTICIPATE IN ANY OF THE FOLLOWING TRAINING	BOOK KEEPING <input type="checkbox"/>	MARKETING <input type="checkbox"/>
	SALES <input type="checkbox"/>	OTHER <input type="checkbox"/>
HAVE YOU A BUSINESS PLAN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NOT, WILL YOU DEVELOP A BUSINESS PLAN	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SUPPORTING INFORMATION

PLEASE PROVIDE ANY OTHER INFORMATION WHICH MAY BE RELVANT TO THIS APPLICATION	

DECLARATION

I hereby declare that details submitted in this application are an accurate assessment of my proposed venture. I understand that the information provided is confidential and will not be disclosed to any unauthorised person.

Signed: _____

Date: _____

In the presence of: _____

W C D L Enterprise Office – Athlone

ATHLONE COMMUNITY TASKFORCE**Revolving Loan Fund****Application Form****Revolving Loan Fund – Check List****CLIENT IDENTIFIED AS TARGET GROUP**☐**LETTER OF REFUSAL FROM FINANCIAL INSTITUTION**☐**OUTLINED BUSINESS PLAN PROVIDED**☐**APPLICANT'S ABILITY TO REPAY**☐**EVIDENCE OF CURRENT BANK ACCOUNT**☐**ADDITIONAL INFORMATION REQUESTED**☐**SIGNED :** _____**DATE:** _____**Seamus McKenna****Enterprise Office**