



Deh Cho Business Development Center

P.O. Box 238

Fort Simpson, NT X0E 0N0

Phone: (867) 695-2441

Fax: (867) 695-2052

Application for Financial Assistance

Name of Applicant	<input type="text"/>	Date	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>			Email	<input type="text"/>

Partners	Address	Telephone #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Type of Business	<input type="text"/>	Nature of Business	<input type="text"/>
Name of Business	<input type="text"/>		

Shareholders and Directors (if Incorporated)			
Name (s)	Address	Telephone #	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Brief Description of Proposal	<input style="height: 60px;" type="text"/>		
Expected Start Date of Project	<input type="text"/>	Expected Completion Date:	<input type="text"/>

Project	Anticipated Sources of Financing				
Description of Costs					%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
TOTAL	<input type="text"/>	TOTAL	<input type="text"/>	<input type="text"/>	0

Items Offered as Security
(please identify vehicles using serial numbers, make and model - identify land using legal and municipal descriptions)

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Months of Operation per Year

Preferred Repayment Schedule

Current Number of Employees

Full Time Part Time Full Time

Expected Number of Employees After Financing

Full Time Part Time Full Time

Years in Business

Reason for Financing

New Business Expansion Maintenance

Credit / Character References

Name

Address

Telephone

Declaration of Applicant

I have personal knowledge of the matters discussed in this application, and state that:

To the best of my knowledge, all correspondence related to this application is true and correct;

I understand that if my application is approved, the Deh Cho Business Development Center may withhold any and all funds until all required documents or approvals have been accepted by a representative of the Deh Cho BDC;

I agree to let representatives of the Deh Cho Business Development Center access to the site and premises of the project described in this application, to inspect books, accounts, records, to make inquiries and credit checks and to obtain any other information necessary to evaluate this application or the resultant project;

and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature

Date

Location

Position

Submit by Email

Print Form