



Building Stronger Communities

NORTIP Development Corporation

An ACOA Partner. Serving Atlantic Canada

APPLICATION FOR FINANCING

A. GENERAL INFORMATION

Legal Name of Applicant	Telephone (H)	(709)
Trade Name, if different	Telephone (W)	(709)
Contact Name	Facsimile	(709)
Mailing Address	Cellular	(709)
Town, Province	, NL	e-Mail @
Postal Code	A	Website www
Industry Sector	Economic Zone	6 or 7
Is this a new or existing business?	NEW Existing	Start Date <u>mmm/dd/yyyy</u>
Number of jobs to be created by proposed activity.	Full time	Part-time Seasonal

B. LEGAL STRUCTURE

Organization Type	Incorporation #	Inc Date	<u>mm/dd/yyyy</u>
Principal Owners/Officers - Name	Title	DOB	Ownership %
		<u>mm/dd/yyyy</u>	
		<u>mm/dd/yyyy</u>	
		<u>mm/dd/yyyy</u>	
		<u>mm/dd/yyyy</u>	
WHSCC Firm Number:		Business Number:	
Date of last financial statements	/ / 200	Fiscal Year End	/ / 200

C. REFERENCES

Professional	Organization	Contact	Telephone
Principal Financial Institution			()
Accountant			()
Lawyer			()
Insurance Company			()
Other			()

D. FINANCIAL REQUIREMENTS

Proposed Costs

Equipment \$ _____
 Structures & Improvements _____
 Vessels & Improvements _____
 Working Capital _____
 Legal Fees _____

 Total Cost \$ _____

Proposed Financing

CBDC - SME Fund(s) \$ _____
 CBDC - SEED Capital Fund _____
 ACOA _____
 INTRD _____
 Owner's Equity _____

 Total Financing \$ _____

Have all environmental factors been considered? Yes No
 Have you made any financial or legal commitments for the proposed activity? Yes No
 Provide Details.

E. DECLARATION

Please attach the following:

- Business Plan.
- Personal Statement of Financial Affairs (of all principals).
- Incorporation Certificate or Partnership Agreement* and proof of share distribution.
- Privacy Confirmation Form.
- Applicable Application Fee.

The undersigned consents to the obtaining or sharing of such information as may be required at any time in connection with the credit hereby applied for, or any renewal or extension thereof, and the disclosure of any information concerning the undersigned to any credit reporting agency or to any person, corporation or agency with whom the undersigned has or proposes to have financial relations.

I (We) confirm that the information given in this application for financing and attachments is, to the best of my (our) knowledge and ability, complete, true and correct and this will also apply to all information given in the future in connection with the implementation of the funding programme. I (We) will provide any information that may be required to assess this application. Information contained in this application will be kept confidential, unless otherwise required by law. The applicant(s) declare that other sources of financing have been investigated and I (we) have not been successful in obtaining suitable financing. I (We) declare that the requested funding is critical to the proposed activity and may not proceed without it.

 Print Name

 Date

 Signature

 Print Name

 Date

 Signature

 Print Name

 Date

 Signature

 Print Name

 Date

 Signature