

Section 1: Loan Details



Official Language English French

Have you approached another financial institution? Yes No

Applied for financing with another financial institution? Yes No

Purpose of Loan:

Amount of Loan: \$

Loan Term:

Loan Product: (check one)

- First-Time Entrepreneur Loan Social Enterprise Loan Other (Please specify) _____
- General Business Loan Youth Loan
- Innovation Loan Self Employment Benefits (SEB) Program

Section 2: Client Information



Last Name:

First Name:

Middle Name:

Social Insurance Number:

Date of Birth :

Phone :

Fax:

Email:

Address:

Marital Status:

- Single Widowed
- Married Common Law
- Divorced

Number of Dependents:

Spousal Information

Last Name:

First Name:

Middle Name:

Social Insurance Number:

Date of Birth :

Phone :

Fax:

Email:

Address:

Current Employer:

Job Title:

Phone:

Previous address:

How long have you resided at current address?

Do you rent or own your home?

Rent Own

If Renting, contact information of landlord:

Name:

Address:

Phone :

Fax:

Email:

Current Employer Information

Current job title:

Name of Current Employer:

Address:

Phone:

How long employed:

Salary:

Employment type:

Seasonal Part time Full time

Previous Employer Information

Previous job title:

Name of Previous Employer:

Address:

Phone:

How long employed:

Salary:

Employment type:

Seasonal Part time Full time

Have you ever had assets repossessed?

Yes

No

Have you ever declared bankruptcy?

Yes

No

Have you been involved in any lawsuits?

Yes

No

Do you have any taxes owing with CRA?

Yes If yes, please specify the amount owing: _____

No

Contact information of a reference or other family contact information

Last Name:

First Name:

Middle Name:

Phone :

Fax:

Email:

Address:

Personal Liabilities		
	Amount Outstanding	Payment
Balances on Loans		
Credit Cards		
Line of Credit		
Mortgages		
Other Liabilities: (list)		
▪		
▪		
▪		
▪		
▪		
▪		
Total		

Personal Assets	
	Value
Cash	
Property	
Vehicles	
Investments	
Life Insurance	
Other Assets: (list)	
▪	
▪	
▪	
▪	
▪	
▪	
Total	

Personal Net worth (Assets - Liabilities):	\$
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Section 3: Business Information



Company Name:

Address:

Phone :

Fax:

Email:

Website:

Social Media :

Facebook

LinkedIn

Twitter

Other _____

Instagram

Form of Business:

Partnership

Non-profit

Proprietorship

Co-operative

Corporation

Key Business Contacts:

Lawyer contact information:

Name:

Phone :

Fax:

Email:

Address:

Accountant contact information:

Name:

Phone :

Fax:

Email:

Address:

Banker contact information:

Name:

Phone :

Fax:

Email:

Address:

Insurance Company contact information:

Name:

Phone :

Fax:

Email:

Address:

Do you have any lawsuits outstanding with your business?

Yes

No

Have you sought legal protection from creditors?

Yes

No

Do you owe business taxes to CRA?

Yes If yes, please specify type and amount of taxes owing:

No

- HST/GST
- Income Tax
- Payroll Deductions
- Other

TOTAL

Amount Owing

Shareholders/Partner Information:

Shareholder/Partners Name:	Title:	Percentage of Ownership:
Shareholder/Partners Name:	Title:	Percentage of Ownership:
Shareholder/Partners Name:	Title:	Percentage of Ownership:

Business Number:

Number of Employees:

Sector Information:

- Real Estate, Rental & Leasing
- Recreation & Tourism
- Retail
- Accommodation & Food Services
- Aquaculture & Fishing
- Utilities
- Wholesale
- Agriculture
- Arts & Entertainment
- Communications
- Transportation
- Education Services
- Forestry
- Financial Services
- Mining
- Oil & Gas
- Government Services
- Health Care & Social Assistance
- Manufacturing
- Other _____
- Professional & Technical Service
- Public Administration

Business Status:

- Start-up
- Expansion
- Maintenance
- Other _____

Demographic Information:

- Youth (under 35)
- Persons with Disability
- Francophone
- Displaced Worker
- Aboriginal
- African Canadian
- Mature Worker (55+)
- Other Visible Minority

What is your company's work safe/ worker's compensation number? _____

Are there any dues outstanding?

- Yes (If yes, please specify the amount owing:) _____
- No

Contact information of three major suppliers:

Company Name :	Contact Name:
Phone :	Fax: Email:
Address:	
Company Name :	Contact Name:
Phone :	Fax: Email:
Address:	
Company Name :	Contact Name:
Phone :	Fax: Email:
Address:	

Business Liabilities		
	Amount Outstanding	Payment
Balances on Loans		
Credit Cards		
Line of Credit		
Mortgages		
Other Liabilities: (list)		
▪		
▪		
▪		
▪		
▪		
▪		
Total		

Business Assets	
	Value
Cash	
Property	
Vehicles	
Investments	
Life Insurance	
Other Assets: (list)	
▪	
▪	
▪	
▪	
▪	
▪	
Total	

Business Net worth (Assets - Liabilities):	\$
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Section 4: Signature Box



CBDC

I understand that in order to process my application, the CBDC requires my personal information. I hereby consent to this information being collected, used by the CBDC and disclosed to third parties, including, but not limited to, Banks, Caisses Populaires or Credit Unions, credit reports agencies, insurance companies, lawyers, provincial and/or federal government, accountants, business consultants, training consultants and affiliated CBDCs, for the purpose of facilitating the assessment and approval of my application, as well as facilitating payment of loans, determining my eligibility for assistance programs, and providing me with information about training and development opportunities. I acknowledge having received a copy of the Summary of the CBDCs Privacy Policy. I authorize the CBDC to keep my personal information in my file for a period of 7 years after the last transaction in my file.

Consent to electronic mail use

I, the undersigned, consent to the CBDC's use of electronic mail to transfer or disclose my personal information, including my financial information to a third party. I understand that email is not entirely secure and that copies of my personal information may be kept by myself or the CBDC's internet service provider.

Our Privacy Policy is available on our website at www.cbdc.ca

Signature:

Signature:

Please Print Name:

Please Print Name:

Date:

Date:

Note: Please provide a copy of your birth certificate or photo identification (Passport and/or Drivers License) with your application