



Business Support Form

P.O.Box 306,
Cavans Lane
Bridgetown
Barbados W.I.
(246) 228-2772
bybt@youthbusiness.bb
www.youthbusiness.bb
Date:

Personal Information

(Please attach photo of applicant)

Surname:	First Name:	Middle Name:	Alias: (Nick Name)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Maiden Name:	Mother's Name:			Marital Status: M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>
		No. of Children/Dependents?		
Date of Birth:		Country of Birth:		
Are you eligible to work in Barbados?		Nat'l. Ins. No.: Barbados Nat'l. I.D. No.		
Permanent Address:		Res. Tel.:	Other Tel.:	
		Cell #:		
		Email:		
		Website:		
Other Contact Address:				
Have you attempted to obtain financing elsewhere?		If yes, provide details:		

ARE THERE ANY JUDGEMENTS PENDING AGAINST YOU?

YES NO If yes, provide details on separate page.

Secondary Education

School(s) attended	Years attended From To	Academic achievement - attach copies of School Certificates. State other interests - sports, drama, community involvement etc.
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Post Secondary Education/Training

College/Institution	Years attended From To	Specialization - attach copies of Certificates/Diplomas
Are you attending a School, College, University or undertaking training of any kind at present?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details
Have you studied at the Youth Entrepreneurship Scheme?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Barbados Vocational Training Board?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Barbados Youth Service?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you intend to undertake any full-time educational or training studies within the next three years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.		
Are you computer literate? List software programmes in which you have competency.		Yes <input type="checkbox"/> No <input type="checkbox"/>

Barbados Youth Business Trust

Employment History over the last 6 years (If necessary please attach resume)

Name of Organization: Address: Position: Responsibilities:	Telephone: Fax: Name of Supervisor: Term of Employment. From: Month Year To: Month Year
Name of Organization: Address: Position: Responsibilities:	Telephone: Fax: Name of Supervisor: Term of Employment. From: Month Year To: Month Year
Are you presently unemployed? Are you receiving Social Assistance?	
If yes, how long have you been unemployed?	

Mentor Information

Surname: Address: Employed or self employed? Business Address: How long have you known your mentor? Please attach a resume of your Mentor	First name and initials: Position: Business Telephone: Home Telephone: Relationship to your Mentor:
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Business Information:

Name of Business: Address of Business: Type of Ownership: (Attach details) Name of Owners/Partners: Where did you receive your initial financing? Business Bank Account No.: Name & Address of Bank:	Business Telephone: Sole Proprietorship: [] Partnership: [] Corporation: [] Franchise: [] Involvement: Full Time [] Part Time [] Year Business Started: Duties: Loan amount requested:
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Financial information/statements for the last two years of operation must be submitted.

Barbados Youth Business Trust

Personal Financial Information

Name and Branch address of your bank: Details of Liabilities:					
Individual/Institution holding debt	Amount of Original Loan	Current Loan Balance	Monthly Payments	Loan Due Date	Purpose of Loan
Total Loans Owning:					

Personal Financial Statement as at: 2007

	Assets		Liabilities	
Cash & Bank Bals.: CSV Life Ins.		Total loans (from above)		
Real Estate: Vehicles: Furnishing/Fixtures: Other		Credit cards Other debts		
TOTAL ASSETS		TOTAL LIABILITIES		
Net Worth = Total Assets - Total Liabilities		\$		

References: Name 1 Relative who does not live in the same household and 1 neighbour who has known you for at least 2 years.

Surname:	First Names:
Relationship:	Occupation:
Address:	
Res. Telephone:	Bus. Telephone:
Surname:	First Names:
Relationship:	Occupation:
Address:	
Res. Telephone:	Bus. Telephone:

I certify that all of the information provided is complete and accurate to the best of my knowledge.
I have disclosed all of the pertinent financial information and I authorize BYBT to conduct the necessary credit investigation and contact the respective financial institutions.

.....
Signature of Applicant

.....
Date

N.B. All required documentation must be attached to this application.

BUSINESS SUPPORT **REQUIREMENTS**

1. Attach one (1) passport sized photograph to Business Support Application form.
2. Two written references:
 1. *Minister of Religion*
 2. *Certified Headmaster / Teacher*
3. A descriptive letter explaining:
 - a. *Products / services offered by your business;*
 - b. *Reasons for approaching the Trust;*
 - c. *The impact the support will have on your business.*
4. Please ensure that all lease agreements for rental of office spaces, shop or stall etc. are included when handing in your completed documents to the Trust.
5. Please attaché a copy of your business Registration Certificate / Incorporation Certificate if the business has been registered / incorporated already.

