

APPLICATION FOR FINANCING

| | | | |
|--|-------------------------|---|---------------------------|
| DATE | | APPLICATION # (FOR CFDC USE) | |
| NAME OF APPLICANT(S) | | | |
| INCORPORATED <input type="checkbox"/> TO BE INCORPORATED <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> | | _____ _____ | |
| BUSINESS NAME | | BUSINESS ADDRESS AND MAILING ADDRESS | |
| EMAIL ADDRESS | PHONE NUMBER () | FAX NUMBER () | CELLULAR PHONE () |
| AMOUNT OF LOAN REQUESTED \$ | | # JOBS CREATED | # JOBS MAINTAINED |
| PURPOSE OF LOAN | | | |
| | | | |
| | | | |
| HAVE YOU APPLIED FOR FUNDS ELSEWHERE? | | <input type="checkbox"/> YES → <input type="checkbox"/> NO | WHERE? _____ |

IF YOUR BUSINESS IS INCORPORATED PLEASE PROVIDE A COPY OF YOUR CERTIFICATE OF INCORPORATION.

PERSONAL INFORMATION

| | | | | | |
|--|--|------------|-------------|------------------------------------|--------------------|
| LAST NAME | | FIRST NAME | MIDDLE NAME | DATE OF BIRTH MM / DD / YYYY | SOCIAL INSURANCE # |
| RESIDENCE OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> | | PHONE | FAX | EMAIL | # OF DEPENDANTS |

| | | | | | | |
|--|--|-------------|--|------|----------|-------------|
| HOME ADDRESS AND MAILING | | | | | | |
| STREET NUMBER | | STREET NAME | | CITY | PROVINCE | POSTAL CODE |
| PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT CURRENT ADDRESS) | | | | | | |
| STREET NUMBER | | STREET NAME | | CITY | PROVINCE | POSTAL CODE |

| | | | | | |
|-------------------------------------|-----------------------------------|------------------------------|-------------------------------------|---------------------------------------|----------|
| MARITAL STATUS | | DO YOU CARRY LIFE INSURANCE? | | ARE TAXES OWED PRIOR TO CURRENT YEAR? | |
| <input type="checkbox"/> MARRIED | <input type="checkbox"/> NO | THIS IS A | | <input type="checkbox"/> NO | |
| <input type="checkbox"/> COMMON LAW | <input type="checkbox"/> YES → | AMOUNT: | <input type="checkbox"/> CASH VALUE | <input type="checkbox"/> YES | \$ _____ |
| <input type="checkbox"/> SEPARATED | | \$ | <input type="checkbox"/> TERM | WHAT KIND? | |
| <input type="checkbox"/> SINGLE | | | | | |

EMPLOYMENT

| | | | | | |
|-------------------|--|--------------|--|----------------------|-------|
| CURRENT EMPLOYER | | OCCUPATION | | | |
| EMPLOYER'S PHONE | | GROSS INCOME | | LENGTH OF EMPLOYMENT | |
| | | | | YEARS | MONTH |
| PREVIOUS EMPLOYER | | PHONE NUMBER | | PREVIOUS OCCUPATION | |
| | | | | LENGTH OF EMPLOYMENT | |
| | | | | YEARS | MONTH |

SPOUSE'S INFORMATION

| | | | | | |
|------------------|--|--------------|-------------|---------------------------------|--------------------|
| LAST NAME | | FIRST NAME | MIDDLE NAME | DATE OF BIRTH MM / DD / YYYY | SOCIAL INSURANCE # |
| CURRENT EMPLOYER | | OCCUPATION | | | |
| EMPLOYER'S PHONE | | GROSS INCOME | | LENGTH OF EMPLOYMENT | |
| | | | | YEARS | MONTH |

PERSONAL ASSETS (DOLLAR VALUE)

PERSONAL LIABILITIES (DOLLAR VALUE)

| | | | |
|--|----|---|----|
| REAL ESTATE: | \$ | MORTGAGE: | \$ |
| CASH (CHQ / SAVINGS ACCT) | \$ | BANK LOANS: | \$ |
| STOCK / BONDS / RRSP'S: | \$ | VEHICLE LOANS: | \$ |
| VEHICLE: | \$ | MONTHLY VEHICLE LEASE PAYMENTS: YEARS LEFT ON LEASE: _____ | \$ |
| SHARES IN OTHER COMPANIES: | \$ | CHARGE CARDS: (BALANCE OWING) | \$ |
| SERIAL NUMBER GOODS: (SNOWMOBILE, BOATS, MOTORS, ATV'S ETC) | \$ | OWING TO: | \$ |
| SERIAL NUMBER GOODS: (COMPUTER, ELECTRONIC, ETC) | \$ | OWING TO: | \$ |
| OTHER SERIAL NUMBER GOODS: | \$ | OWING TO: | \$ |
| VALUE OF EXISTING BUSINESS: (EQUITY VALUE ON BALANCE SHEET) | \$ | PERSONAL TAXES OWING: | \$ |
| OTHER ASSETS: | \$ | (PROPERTY / INCOME) | |
| OTHER ASSETS: | \$ | OTHER LIABILITIES: (CO-SIGNER LOAN GUARANTOR) | \$ |
| OTHER ASSETS: | \$ | OTHER LIABILITIES: (ALIMONY / CHILD SUPPORT PAYMENTS) | \$ |
| OTHER ASSETS: | \$ | OTHER LIABILITIES: | \$ |
| OTHER ASSETS: | \$ | OTHER LIABILITIES: | \$ |
| OTHER ASSETS: | \$ | OTHER LIABILITIES: | \$ |
| OTHER ASSETS: | \$ | OTHER LIABILITIES: | \$ |
| TOTAL ASSETS: (A) | \$ | TOTAL LIABILITIES: (B) | \$ |



| | |
|-----------------------------|----|
| TOTAL ASSETS (A) | \$ |
| MINUS TOTAL LIABILITIES (B) | \$ |
| EQUALS TOTAL NET WORTH | \$ |



PERSONAL OR BUSINESS INFORMATION

| | | |
|-------------------|-----------|---------|
| <i>LAWYER</i> | FIRM | CONTACT |
| <i>ACCOUNTANT</i> | FIRM | CONTACT |
| <i>BANK 1</i> | BANK NAME | CITY |
| <i>BANK 2</i> | BANK NAME | CITY |

ARE YOU OR THE BUSINESS PROVIDING SUPPORT FOR OBLIGATIONS NOT LISTED ON ITS FINANCIAL STATEMENTS? (IE: COSIGNER, ENDORSER, GUARANTOR)

- NO
- YES

DETAILS:

DO YOU OR THE BUSINESS OWE ANY STATUTORY CREDITORS? (IE: SALES TAX, PAYROLL TAX, INCOME TAX, WCB, EMPLOYMENT STANDARDS, GARNISHEES, ETC.)

- NO
- YES

AMOUNT OWED:
\$

OWED TO:

PLEASE PROVIDE PROOF OF AMOUNT **OWED OR NOT OWED** TO ANY STATUTORY CREDITORS. IN EXAMPLE COPY OF YOUR LAST NOTICE OF ASSESSMENT TAX/GST STATEMENT OF SOURCE DEDUCTIONS.

DECLARATIONS

- 1) Are you a director, related to any director, or any committee member of the CFDC? Yes No
- 2) The spouse, child, sister, brother, or parent of a director of the Corporation or a member of any committee of the Corporation, or a member of the Corporation's staff? Yes No
- 3) The spouse of a child, brother, sister, or parent of a director of the Corporation or a member of any committee of the Corporation or a member of the Corporation's staff? Yes No
- 4) A member of the House of Common's? Yes No
- 5) Have you ever had an asset repossessed? Yes No

If YES, provide details and include relevant information on a separate sheet

- 6) Have you been involved in any legal claims or lawsuits (as defendant or claimant)? Yes No

If YES, provide details and include relevant information on a separate sheet

- 7) Have you ever declared bankruptcy or orderly payment of debts? Yes No

If YES, provide details and include relevant information on a separate sheet

I declare that:

- The information provided is a true statement of my affairs.
- That there are no judgments or other actions outstanding against me, except those recorded herein.
- I have no other applications pending with the CFDC of Mount Waddington, on my own behalf, nor on behalf of any affiliated, controlled, or subsidiary company associated with me, whether by direct or beneficial share ownership.
- That all real estate is registered solely in my name, unless otherwise stated.
- The statements made herein are for the express purpose of obtaining financing from the CFDC of Mount Waddington, and are, to the best of my/our knowledge and belief, true and correct.
- Additional information, if required in support of this application, will be supplied to the CFDC of Mount Waddington before adequate consideration can be given to this application.
- I understand that the CFDC of Mount Waddington is not acting exclusively for me or my venture, and that it reserves the right to provide financial and non-financial assistance to individuals or corporations which could be seen as my direct or indirect competition without further notice to me, as it may decide in its unfettered discretion.

APPLICANT 1

APPLICANT 2

day *month* *year*

day *month* *year*

CONSENT FORM

If financial assistance is approved, would you allow the CFDC to make a public announcement regarding your proposal? Yes No

The applicant agrees:

- To reimburse the CFDC of Mount Waddington any legal costs incurred in the registration of documents for loan security. Should the applicant withdraw his request for funds after legal documents have been registered and costs incurred, the applicant shall be responsible for these costs.
- That they are authorized to obtain any information the CFDC of Mount Waddington may require relative to this application from any sources to which they may apply and each source is hereby authorized to provide them with such information. They are responsible to disclose, in response to direct inquiries from any other lender or Credit Bureau, such information on their loaning account as they consider appropriate.
- To indemnify the CFDC of Mount Waddington against and save the CFDC harmless from any and all claims in damages or otherwise arising from such disclosure on CFDC's part.
- To take responsibility for the payment of all charges relative to the preparation, execution and registration of the above mentioned documents as may be required by the Corporation or its solicitors.

Under the *Privacy Act* and the *Oath of Confidentiality* signed by all CFDC of Mount Waddington Directors, Committee Members and Staff, information collected and discussed will not be disclosed to any other party other than those required for the purpose of assisting and evaluating your business. By signing below, you understand our confidentiality policy and you consent to allow us to proceed on your behalf.

THIS IS MY EXPRESS WRITTEN CONSENT TO A PERSONAL INVESTIGATION
PURSUANT TO THE PERSONAL INVESTIGATION ACT (B.C.).

APPLICANT 1

APPLICANT 2

signature

signature

day month year

day month year

The Community Futures Development Corporation of Mount Waddington through its Business Development Centre advises each client to seek independent legal advice before signing any documents pertaining to loans and security given for those loans.

Applicant 1

I, _____ have read and understood the above advise.
(print)

On this date _____ At the municipality of _____

(day / month / year)

In the Province of British Columbia
In the presence of

Witness

Applicant 2

I, _____ have read and understood the above advise.
(print)

On this date _____ At the municipality of _____

(day / month / year)

In the Province of British Columbia
In the presence of

Witness