



## APPLICATION FORM TO APPLY FOR BUSINESS FUNDING

If you require help in completing this form or have any other special needs we should be aware of please contact our office. If more than one person is involved in the business, each person must complete an application form.

### PERSONAL DETAILS

Mr/Mrs/Miss/Ms		Telephone Numbers and Contacts	
Surname		Main Phone	
First Names		Home	
Address		Mobile	
		Fax	
		E-mail Address	
Parish			
Post Code		Date of Birth	

**Please tick ✓ the appropriate box.**

Sex:  Male  Female

Marital Status:  Married  Single  Divorced  Separated  Other

Children's Ages

National Registration number:

National Insurance number:

**Are You:**

Are you a single parent Yes  No  Are you Disabled Yes  No

Are you an ex-offender Yes  No

*(Being an offender or ex-offender does not exclude you in any way).*

*(This includes "hidden disabilities", such as severe asthma, dyslexia, epilepsy, ME and mental health problems.)*

### EMPLOYMENT DETAILS

(Since leaving school/college/university (include any training schemes/work experience).

NAME OF EMPLOYER	POSITION HELD	DATE STARTED	DATE LEFT	REASON FOR LEAVING

Are you currently unemployed: Yes  No

If **Yes**: Length of Unemployment

Less than 6 months  6 to 11 months  12 to 23 months  24 to 36 months  36 months +

Date registered unemployed:

### BENEFITS

List benefits currently received, if any:

### HEALTH

Are you currently receiving treatment or waiting to receive treatment for an existing medical condition:

Yes  No

If yes please give a brief description:

### QUALIFICATIONS

- No Qualifications
- CXC
- 'A' Level/CAPE
- Associate Degree
- University Degree
- Post Graduate Degree
- Other

**BUSINESS DETAILS**

What is the name of your business?

Give a brief description of business

Have you had any business related training or advice? Yes  No

If **Yes**, where has this been obtained?

Have you opened a business bank account? Yes  No

Have you applied for business start-up support from any other agency? Yes  No

If **Yes**, give the agency name:

**REQUIRED DOCUMENTS:**

Please read The Cherry Tree Trust Process sheet carefully and indicate below what documentation you are enclosing. If you do not yet have all the documentation that is required to support your application please indicate when you might expect to have them available.

		Date expected available:
Copy of your draft Business Plan	<input type="checkbox"/>	<input type="text"/>
Copy of your Cash Flow Forecast	<input type="checkbox"/>	<input type="text"/>
Copy of your Personal Survival Budget	<input type="checkbox"/>	<input type="text"/>
*Bank letter confirming refusal for loan	<input type="checkbox"/>	<input type="text"/>
Certified copies of two forms of identification:		
a) Barbados Passport (photo ID)	<input type="checkbox"/>	<input type="text"/>
b) Address ID (utility bill)	<input type="checkbox"/>	<input type="text"/>

\*Requirement for Bank letter will be waived if difficult to obtain.

Copies of the last 6 months most recent consecutive bank statements for the account into which you income/benefit is paid.

## MAKING CONTACT WITH THE CHERRY TREE TRUST

How did you hear about The Cherry Tree Trust?

Have you previously applied to The Cherry Tree Trust Yes

No

I have read/heard the information about me and my business on this form. I agree that the information may be used by The Cherry Tree Trust and other organisations working with it to help run, fund, promote and evaluate The Cherry Tree Trust programmes. I understand that The Cherry Tree Trust will neither sell nor distribute the information for any other purpose. I agree that for credit assessment purposes, The Cherry Tree Trust may make any enquiries it considers necessary about me and any other individuals with whom I have a financial link, for example through marriage or as joint signatories to a financial document such as a bank account. I understand my right to ask to see all the information held about me by The Cherry Tree Trust.

To the best of my knowledge and belief the information I have given on the form and in the documents which accompany my application is correct. I authorise The Cherry Tree Trust to make any enquiries it considers necessary for credit assessment.

The Cherry Tree Trust Barbados Registered Charity No. 1014.  
Registered Office: c/o Hastings Attorneys at Law, Trident Financial Centre, Highway 7, Hastings, Christ Church, Barbados  
Telephone No. (246) 230 8338  
Website: [www.thecherrytreetrust.com](http://www.thecherrytreetrust.com) | e-mail: [info@thecherrytreetrust.com](mailto:info@thecherrytreetrust.com)