



Applicant(s) photo

Thrive Kenya

## Thrive Capital Loan Application Form

Due date: 15<sup>th</sup> September, 2017

### Introduction

*Thrive inspires a culture of philanthropy and offers a sustainable way out of poverty by helping viable small businesses with a unique loan to purchase new production equipment so they can grow their business and create new jobs.*

*Thrive Loan is paid forward with donations of job training, products/services to the most vulnerable in the communities equal to the value of the loan received.*

### APPLICATION FORM FILLING INSTRUCTIONS

- i) Only Entrepreneurs from Nairobi and its environs are encouraged to apply
- ii) Thrive does not fund startup enterprises
- iii) Thrive accepts loan applications of up to KSH 900,000.
- iv) 10% of the loan is repaid in cash
- v) Business must have been operating and have been making sales for at least 1 year prior to application
- vi) Information provided MUST be verifiable on demand
- vii) Please attach your Business Registration Certificate, copies of IDs of the business owners, and any statutory requirements (Personal Identification Number(PIN), Tax Compliance Certificate(TCC)etc  
Responsibilities
- viii) Business owners MUST spend 100% of their time at the business premises
- ix) Successful applicant is expected to fully participate in the free consulting offered and Thrive club activities
- x) Businesses are expected to provide innovative and meaningful charitable repayment that help alleviate poverty as their payback.

### Business Owner Personal Information

Full Name	
Gender	
Citizenship	
Place of residence	
Date Of Birth	
Highest level of Education	
I.D number	
Occupation/Trainings	
Tel	
Email	

**Business Information**

**1. Business Name:** \_\_\_\_\_

**2. Who is the owner(s) of your Business?**

	Names	Percentage of ownership	Gender	I .D number	Role/Responsibility	Highest Level of Education
1.						
2.						
3.						

**3. Location of the Business**

County \_\_\_\_\_ Sub-County \_\_\_\_\_  
Town \_\_\_\_\_

**4. Where do you distribute your products/Services?**

- In areas closest to the business location (Specify)  All over the County \_\_\_\_\_  
 All over the Sub county \_\_\_\_\_  
 All over Town \_\_\_\_\_  
 All over the country  Export to other countries (specify.....)

**5. Your business registration**

- Company  Sole Proprietorship  Partnership  CBO  PBO  
 Other \_\_\_\_\_

**6. Sectors that the business is based**

- Construction  Medicine (treatment)  
 Medicine (pharmacology)  Consumer goods production  
 Food production/Manufacturing  Business-to-business merchandises production  
 Trade  Service (such as hair salon/barbershop, child care, disabled care, jua kali – welding, vehicle service, weaving, posho mill, paint manufacturing, recycling, etc.)  
 Agriculture (dairy, poultry, farming)  
 Other (specify).....

<b>7. What is/are the end product(s) of the business, or kind of the service provided?</b>	
<b>8. How many years have you owned this business?</b>	
<b>9. Do you have a business plan/Strategic plan for your business? If</b>	

yes please provide a copy.

**10. Please indicate amount of capital with which you started your business (starting capital)**

**11. What is the current capital (assets) of your business?**

**12. What is the maximum production capacity of your business?**

**13 a). What is the current production capacity of your business (Ex: Number of products per week or per month)?**

**13 b) In the last 4 year (or less) what has been the cost and revenue flow of your business? Use the table below to answer this question**

Business Expenses / Cost/Profits	2014(Ksh.)	2015(Ksh.)	2016(Ksh.)	Jan -June 2017(Ksh.)
Cost of running your business e.g. utilities expenses, rent, marketing, salaries/wages				
Revenue (income)				
Gross Profit				
Tax Paid (if any)				

**14. How many employees do you have in your business? What are their jobs and their salaries?**

	Full Time		Part Time		Seasonal		Total
	Male	Female	Male	Female	Male	Female	
No. of Employees							
Salaries							

**15. How many of them are members of your family or relatives?**

**16. Are the premises for the business:**  Self-owned  Rented

Other, specify.....

**17. Do you**

- Own all the production lines and equipment
- Own a part of them and rent another part
- Rent all of them
- Other, specify.....

**18. Please describe production lines and equipment you are using in your business:**

Production line / Equipment type	Purchasing date	Production date (model of	From where bought	Purchasing price (Ksh)

		which year)		
1.				
2.				
3.				
4.				
5.				
6.				

**19. For what purposes do you intend to spend the loan (please indicate all purposes)?**

- Build new or expand the existing production facilities
- Purchase new equipment
- Purchase new production lines
- Other (specify) .....

**20. Amount of loan required for the above purpose (in Ksh)**

**21. Please, indicate in the table below all items (in order of importance) you will buy from Thrive Capital:**

#	Equipment type / production facilities/ Other	Number of units	Cost (Ksh) (VAT included? Cost per unit or total?)
1			
2			
3			
4			
5			

**TOTAL Thrive Loan Requested (Maximum KSH 900,000):**

**22. What will be the impact of the THRIIVE loan on your business? Which improvements do you expect?**

i) **Production/Service(quantity and /or quality):**

ii) **Employment: How many new Fulltime and Part Time employees, what will they do and their salaries?**

iii) **Quality of life of workers:**

iv) Increase in revenue:

v) Others:

**23. If offered the loan, when would you anticipate start making your charitable repayment?**

- Immediately after receiving the new equipment
- In some months after receiving the new equipment (specify.....)
- Other, specify .....

**24. Businesses repay Thrive's loan not by Money but by providing products /services, innovative charitable ventures that can be quantified or providing free skill-training for communities.**

**The repayment should be scheduled quarterly or semi-annually within 2 years (Jan 2018- Dec 2019).**

Target Beneficiary(ies): \_\_\_\_\_

**i. Description of the form of charity**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**ii. Please indicate the form of charitable repayment and the estimated value (retail) of the proposed repayment.**

<b>Time</b>	<b>Location</b>	<b>Receiver</b>	<b>Form of charity</b>	<b>Quantity</b>	<b>Unit Price (KSH)</b>	<b>Total Amount (KSH)</b>

**iii. Thrive aims to increase the social responsibility of businesses in long term. After repayment of the loan, will your business continue to participate in philanthropy activities?**

Yes

No

If yes, what activities will your company undertake? (Please note this will be part of our contract with you and you will be required to provide this information even after loan completion).

1	
2	
3	

**25. Have you obtained any subsidies for your business development from other sources?**

Yes

No

If yes, specify year of receiving, amount, and name of the organization and contact of the officer you were dealing with:

Year	Amount	Organization	Contact

**26. Have you obtained any bank loans for the business development purpose?**

Yes

No

If yes, specify year of getting the loan, year of completing the repayment and the amount borrowed

Purpose of a loan	Year and Amount	Year of completing the repayment	Contact

**27. List (3) customers whom you supply your products/services**

	Name of the customers	Contact details – physical location, telephone, email
I		
II		
III		

**28. List (3) References who are not family members who can vouch for your character:**

	<b>Name of the referee</b>	<b>Contact details – physical location, telephone, email</b>
I		
II		
III		

**Agreement and Signature**

**By submitting this application, I affirm that the facts set forth in it are true and complete, and that I am a private sector businessperson not affiliated with any governmental or political organization.**

Name	
Signature	
Date	

**Draw or explain directions to your Business Premises.**