

Application No.

KERALA STATE MINORITIES DEVELOPMENT FINANCE CORPORATION LTD

(കേരള സംസ്ഥാന ന്യൂനപക്ഷ വികസന ധനകാര്യ കോർപ്പറേഷൻ)

KURDFC building, Chakkorathkulam, West hill (PO), Kozhikkode – 673005, Ph: 04952769366, 2369366

APPLICATION FOR MICRO FINANCE

To:

The Managing Director
KSMDFC Ltd., Kozhikode

Sir,

Sub: Application for Loan

1. We hereby apply for loan of _____/- (Rupees _____) required by us for the purpose of on-lending to the Members of _____ (No.) _____ Self-Help Groups as per list enclosed.
2. Utilisation and Disbursement to SHG
We agree to disburse the loan amount to the list of SHG members approved by the KSMDFC at the rate of interest fixed by KSMDFC and the maximum period of repayment fixed at SHG level, by the KSMDFC.
3. Repayment schedule
We agree to repay the loan amount as per the repayment schedule which may be fixed by the KSMDFC Ltd.
4. Particulars of loans extended to SHGs and existing liabilities from other financial institutions/agencies along with audited balance sheet for the last three years is enclosed.
5. We hereby declare that the particulars given above are true and correct to the best of our knowledge and belief.
6. We hereby authorize the KSMDFC Ltd to disclose all or any particulars of details or information relating to our loan accounts with the KSMDFC Ltd., to any other financial institutions, government or any agency as may be considered necessary or desirable by the disqualify our Organization from receiving any further credit facilities from the KSMDFC Ltd. and/or recall the entire loan amount or any part thereof granted on this application in case any information furnished herewith is found incorrect and or containing misrepresentation of facts or violating norms of disbursement to SHGs fixed by KSMDFC.

Yours faithfully

(President)

(Secretary)

(Also Affix Official Stamp of the Agency)

1. ORGANIZATION DIRECTORY:

- a) Name of the Organization : _____
- b) Address (PIN) : _____
- c) State : _____
- d) District : _____
- e) Block : _____
- f) Phone No.(with STD code) : _____
- g) Fax No. (if any) : _____
- h) Registration No. of the Organization : _____
- i) Date of Registration : _____
- j) Date of Renewal, if any : _____
- k) Area of operation : _____
- l) Name of the Bank of organization : _____
- m) Account No. : _____
- n) Name and Designation of : _____

Name & Address of the Chief Functionary:

2. Details of Socio-economic developmental programmes implemented by the organization during last 3 years (year wise)

Year	Name of the Programme	Funded by	Amount received	Achievements

Note: Please enclose a copy of your annual reports of last three years.

3. Experience of the organization in CREDIT Activity during last three years (Year wise)

Years	Activities For which loan given	No. of SHGs	No. of Borrowers	Amount of loan disbursed	Amount Which was due for recovery i.e., Demand	Amount Actually Recovered	% age of Recovery to Demand 7.6	Source Of funds

4. Experience of the organization in thrift/savings and formation for SHGs. Please give details as below (position as on _____)

Sl. No	Name & Address of SHG	Date of formation	No. Of members	Savings Mobilized	Loan given out of savings	Amount recovered	Amount of loan Outstanding

5. Proposed lending programme in the current year:

Sl. No	Category of loan	Name of Activities	No. of SHGs	No. of Borrowers	Average Amount of loan per beneficiary	Total Amount required (5x6)
	Total					

6. Sources available with the Organization

Sl.No	Source	Balance at the beginning of year	Amount expected during the current year	Total Amount
1.	Own Sources			
2.	Savings of SHGs/members			
3.	Recovery of loans from SHGs/members			
4.	Other sources such as grants/donations, etc			
5.	Borrowings (other than this			

	application of KSMDFC)			
	Total :			

7. Financial Assistance received from NMDFC fund from other organisations like KSBDC, Womens Development Corporation, Matsyafed etc.

Sl. No	Amount	Total No of SHG groups financed	No. Of Borrowers	Average amount of loan per beneficiary	Period of Loan	Remarks

8. Financial Assistance required from KSMDFC

S. No	Name of SHG Group	No. Of Borrowers	Average amount of loan per beneficiary	Amount Required	Remarks
	Total				

8. Financial position of the organization as per Balance Sheet (As on....)

(1)	Fixed Assets	Rs.....
(2)	Current Assets	Rs.....
(3)	Borrowing (details of Borrowings, if any may be Given the Performa below)	Rs.....
(4)	Other Liabilities	Rs.....

10. Organization Set-up and Training

(1) Details of Staff:

No. Of Staff with the Organization	Trained	Untrained	Total
(1)	(2)	(3)	(4)
(a) Office/ Supervisory Staff			
(b) Field/Extension Staff			
Total:			

(2) Details of arrangements available with the organization for training of its staff/SHGs.

11. Check List (Please enclose the following)

Sl. No	Details of enclosures	Yes/No	Annexure No.
(1)	(2)	(3)	(4)
1.	Attested copy of the original Registration Certificate / Renewals		
2.	Attested copy of Memorandum of Association /Bye- laws		
3.	Indicate the provision to borrow from outside agency (pl. give para / page nos. Of bye-laws)	Page NO. Page No.	
4.	Main objectives/purpose/background of forming organization- a brief note		
5.	Bio-data of the chief functionary		
6.	Composition of the current managing committee with name, designation and address of their members (with relevant copy resolution of general body)		
7.	Photographs and signatures of the members of the current Managing Committee duly attested		
8.	Copy of the audited accounts and Balance-sheet of the organization for the last three years.		
9.	Copy of the resolution passed by management Committee seeking loan (amount Rs.....) from KSMDFC		
10.	Copy of annual Reports of last three years.		
11.	Copies of testimonials received from funding agencies/ Government. Departments etc., if any.		
12.	Details of funding received under NMDFC fund from other financial agencies.		
13.	Certificate of Willingness to provide concrete security to KSMDFC		

DECLARATION

1,.....(full name with designation) certify that the facts and figures furnished in the application form and the annexures are correct and tally with the records of our organization.

Place:

Date:

(Signature with Official Stamp
Name & Designation of Chief Executive

Encls: Sheets