



Company Profile

Your Name:	Title:
Signature:	Date:
Email:	Phone No.:
Website:	Contact Person:
Company Name:	Address:
Company Type / registration	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Private Liability Company <input type="checkbox"/> Public Liability Company <input type="checkbox"/> Others:
Sector:	<input type="checkbox"/> Finance & Investment <input type="checkbox"/> Agriculture <input type="checkbox"/> Bottling & Packaging <input type="checkbox"/> Construction & Real Estate Development <input type="checkbox"/> Retail & Trade <input type="checkbox"/> Wholesale & Distribution <input type="checkbox"/> Logistics <input type="checkbox"/> Services (Consulting, Engineering, ICT) <input type="checkbox"/> Petroleum Ecosystem <input type="checkbox"/> Tourism <input type="checkbox"/> Ecommerce <input type="checkbox"/> Other:
Historic revenues USD:	<div style="border-bottom: 1px solid black; padding: 2px;">2015</div> <div style="border-bottom: 1px solid black; padding: 2px;">2016</div> <div style="border-bottom: 1px solid black; padding: 2px;">2017</div> <div style="border-bottom: 1px solid black; padding: 2px;">2018</div> <div style="border-bottom: 1px solid black; padding: 2px;">2019 (projected)</div>
Operating profit margin:	<input type="checkbox"/> <5% <input type="checkbox"/> 5-10% <input type="checkbox"/> 10-15% <input type="checkbox"/> 15-20% <input type="checkbox"/> 20-25% <input type="checkbox"/> 25%+
No. of staff:	<input type="checkbox"/> 1 – 9 <input type="checkbox"/> 10 – 49 <input type="checkbox"/> 50 & above. No of women employed: <input type="checkbox"/> 1 – 9 <input type="checkbox"/> 10 – 49 <input type="checkbox"/> 50 & above.
Type of products:	
Description of operations:	<i>Date of founding, areas of country served, key customers, main sales channels</i>
Financial records:	<input type="checkbox"/> Electronically-recorded financials <input type="checkbox"/> Three financial statements <input type="checkbox"/> Audited financials
Previous Financing Experience	
Existing equity stakeholders	
Dates and amounts of equity funding (amount / currency)	
Name of Financial Institutions you deal with	
Credit line / loan amount (amount / currency) <input type="checkbox"/> Up to 9,999 <input type="checkbox"/> 10,000 - 99,999 <input type="checkbox"/> 100,000 - 499,000 <input type="checkbox"/> more than 500,000 specify:	Period of financing (Years) <input type="checkbox"/> less than 3 <input type="checkbox"/> 3 to 5 <input type="checkbox"/> More than 5
Was your application ever rejected?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please mention the reasons: If NO, please mention the bank's terms:

Name of previous grants received and purpose

Grant amount (amount / currency)

- Up to 9,999
- 10,000 - 99,999
- 100,000 - 499,000
- more than 500,000 specify:

Existing / Future Finance Needs

Why you need financing?

- Working Capital
- Purchase of equipment
- Expansion of branches
- New products
- Others, specify:

What type of financing you seek?

- Loans
- Equity / Ownership in the company (Investment)

How much financing you need?

For how long? (period of repayment)

Required Technical Assistance

What type of technical assistance you need?

- Internal policies & procedures
- Financial Reports
- Training of staff
- Market Linkages
- Loan facilitation
- Linkages
- Others (specify):

How the technical assistance will reflect on your work and company?

Will our technical assistance be reflected in increasing employment?

How the technical assistance will build the capacity of your company?

How the technical assistance will enhance access to finance whether loans or equity?