



**Citizens Economic Empowerment
Commission**

ZAMBIA AQUACULTURE ENTERPRISE DEVELOPMENT PROJECT

AQUACULTURE SEED FUND

APPLICATION FORM

FOR BUSINESS LOANS

DISTRICT: _____

Project Identification Number

Type of Project (Specify whether: fish farming, fish feed or other fish farming input supply business, cold chain solution, fish processing (drying, smoking, fillet, canning, etc.), marketing of fish products, or other commercially viable fish farming backward and forward business activities.)

Date of Application

CEEC Concept Note for Aquaculture Value Chain Projects

1.0 APPLICANT INFORMATION	
1.1 Name of Business or Person Applying	
a. Current business activities, if any	
b. Legal Form of Applicant (e.g. Limited Company, Cooperative, etc.) Attach copy of certificate if registered.	
c. Copy of business registration certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Physical address of Applicant	
e. Contact Number(s) for Applicant	
f. Headman's (Induna's) physical address and Phone, if applicable	
g. Next of Kin and their physical address and Phone	

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1.2 Shareholders of the Business:

No.	Full Names	Nationality	NRC/ Passport No. (provide copy of ID)	% share holding	Position in the Business	Physically Challenged (Disabled)	
						Yes	No

1.3 Authorized Representative

(to act on behalf of the Applicant and respond to any questions regarding the Concept Note)

Name of Contact Person

Position in the Business

Contact Number(s)

Cell:

Telephone:

Email

1.4 Previous CEEC Funding

Is Applicant or any of its shareholders already a beneficiary of CEEC Empowerment Fund?

Yes

No

If Yes give details:

Name of Business

Type of Registration of Business

1.5 Financial Data *(Please provide Financial data for your business).*

What is the Monthly Income of the business?

ZMW

What is the Monthly Expenses of the business?

ZMW

How much have you invested in the business?

ZMW

20. MARKET OVERVIEW

2.1 Trends in Demand

2.2 Trends in Supply

3.0 DESCRIPTION OF PROPOSED PROJECT

3.1 Business Operations

How is your business going to compete in terms of the following:

a)What products and/or services will you be selling to your customers?

b)Location(State the advantage of the location of the project)

c)Technology/Equipment and cost of production

i) Briefly explain how your business will operate from Production, Processing upto Marketing

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d) Price of products and income:

i) What will be the price of your products/services

ii) What will be your income per month from the business operations

e) Sales Volumes

i) What will be your level of production per month or year

ii) Who will be your major competitors in terms of supplying the same products/services and why do you think you will survive the competition

3.3 Proposed Management Team

[Please indicate names, positions, qualification and relevant experience of key members of the management team that will implement and run the proposed business. StartUp businesses may only include positions]

No.	Full Name	Management Position	Management Qualification and Experience

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3.4 What will be the Business Impact? In not more than a sentence on each, please indicate the positive impact this business will have on the following:

a) How will your customers benefit from your business?						
b) How will your suppliers benefit from your business?						
c) Number of Workers:		Women	Men	Total	Of which	
					Youth	Physically Challenged (Disabled)
	Before CEEC Funding					
	After CEEC Funding					

4.0 PROJECT BUDGET

No.	Item	Quantity	Cost (ZMW)	Total (ZMW)
1				
2				
3				
4				
5				
6				
7				
Total Budget				

4.1 CLIENT CONTRIBUTION

Will any of the above items be financed by the Business? If so, list below.

No.	Item	Quantity	Cost (ZMW)	Total (ZMW)
1				
2				
3				
4				
Total Budget				

4.2 The Loan

Please note that if your loan amount is more than **ZMW 84, 000** you will need to provide collateral. For group businesses such as Cooperatives or Associations, please note that loans going directly to individual members and those going to the group business should be separately itemized and members requiring loans of amounts less than **ZMW 84, 000** will not require collateral.

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If your application falls in the category where collateral is required, please list collateral (e.g. house, farm, etc)	Estimated Value of Collateral (in K)

4.3 Project Implementation			
If you are funded, when would operations start?	Within 1-2 months <input type="checkbox"/>	Within 3-4 months <input type="checkbox"/>	Within 5-6 months <input type="checkbox"/>
	More than 6 months <input type="checkbox"/>		

Signature _____ **Date** _____

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Target Group	Youth <input type="checkbox"/>	Women <input type="checkbox"/>	Physically Challenged <input type="checkbox"/>	Men <input type="checkbox"/>
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Review Date Stamps:

Signature _____
**CHAIRPERSON
 DISTRICT
 EVALUATION
 COMMITTEE**

Signature _____
**HQ
 EVALUATION
 COMMITTEE**