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**CEEC CONCEPT NOTE**

**APPLICATION FORM**

**FOR**

**AUTO MECHANICS**

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| **Type of Empowerment Product- Auto Mechanics** |
| Trading in automobile spares, plate number manufacturing, motor vehicle repair, panel beating, spray painting, fitment centers. |

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| **THE LOAN**  |
| Indicate the loan amount applied for  | **ZMW** |
| Your Proposed Loan Repayment Period (Months)  |  |

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| **Date of Application** |  |

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| **1.0 APPLICANT INFORMATION**  |  |
| **1.1 Name of Business (MSME) or Cooperative Applying** |  |
| * 1. Legal Form of Applicant (e.g. Limited Company, Cooperative, etc.) Attach copy of certificate
 |  |
| * 1. Business/ Cooperative Registration Number
 |  |
| * 1. Social Distribution (majority composition of business) (please tick where applicable)
 | Youth-Female  | Youth- Male  | Persons with Disability  | Women  | Men  |
|  |  |  |  |  |
| * 1. ZRA Tax Payer Identification Number (TPIN)
 |  |
| * 1. Province
 |  |  | Village and Name of Headman/Induna |  |
| * 1. District
 |  |  | Street Address & Plot No. |  |
| * 1. Ward
 |  |  | Contact Number(s) for Applicant |  |

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| **1.2 Shareholders of the Business/ (For Cooperatives, attach list of paid up members):** |
| **No.** | **Full Names** | **Nationality** | **NRC/ Passport No. (provide copy of ID)**  | **% share holding****where applicable**  | **Position in the Business** |
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| **1.3 Authorized Representatives (Provide two Names)** |
| **1. Name of Contact Person** |
| Position in the Business |  |
| Contact Number(s) | Cell:  | Telephone: |
| Email |  |
| Physical Address ( Residential Address) |  |
| **2. Name of Contact Person** |
| Position in the Business |  |
| Contact Number(s) | Cell:  | Telephone: |
| Email |  |
| Physical Address (Residential Address) |  |

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| **1.4 Previous CEEC Funding** |  |
| Is Applicant or any of its shareholders already a beneficiary of CEEC? | Yes No |
| If Yes give details: |  |

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| 2.0 Business information  |
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| 1. Date business was formally established:
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| 1. Economic sector of business:
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| 1. State business product/service
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1. Briefly describe the nature of business and its operations.

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| 1. Is the business currently operational?
 | Yes |  |  | No |  |

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| 1. If business is not currently operational, state reasons for this:
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1. What challenges does your current business face? (e.g., meeting the demand, working capital, skills, technological, etc.) Please provide brief explanation.

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1. If funded, clearly explain how your business will operate from Production, Processing up to Marketing.

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1. List all the essential equipment that will be required in the manufacturing of the products as provided below.

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| **Description**  | **Source/ country**  | **Value of Machinery**  |
| **ZMW** | **USD** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total**  |  |  |  |

1. Give a brief description on what your innovation will be and what problem it will solve or the process it will improve.

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1. Explain how your innovation will generate income for you or others or how it can assist in improving operations of your business.

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1. Clearly explain how you will address the following in your production process;

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| **No** | **Description** | **Explanation** |
|  | Hygiene  |  |
|  | Occupational Health and Safety |  |
|  | Environmental Protection  |  |
|  | Product Quality and Standard  |  |

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| **3.0 MARKET INFORMATION**  |
| 1. Which market are you currently servicing? Include market location where applicable

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1. If funded, what will be your target market for your processed products?

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1. Where will you secure raw materials?

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1. State any backward linkages in the supply of raw materials.

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1. Who will be your major competitors, and why do you think you will survive the competition?

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1. State the locational advantage for your business.

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| **4.0 FINANCIAL INFORMATION**   |
| 1. What is your current production volume (capacity) per month? Where applicable
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| 1. What will be the price of your products?
 | **ZMW**  |
| 1. How much will be your monthly revenue?
 | **ZMW**  |
| 1. What will be the total direct cost of production per month?
 | **ZMW**  |
| 1. How much will be your monthly gross profit?
 | **ZMW** |
| 1. How much did you spend to start your business? i.e. Capital
 | **ZMW** |

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| **5.0 Proposed Management Team** |
| *[Applicant to indicate names, positions, qualification and relevant experience of key members of the management team that will implement and run the proposed business.*  |
| **No.** | **Full Name** | **Management Position** | **Management Qualification and Experience** |
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| **6.0 BUSINESS IMPACT** **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:  |
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| 1. Benefit to **customers**
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| 1. Benefit to **suppliers**
 |  |
| 1. Revenue Generation
 | **Before CEEC Funding** | **ZMW** |
| **After CEEC Funding** | **ZMW** |

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| 1. Number of Workers
 |  | **Women** | **Men** | **Youth (Male)** | **Youth (Female)** | **Total** |
| **Before CEEC Funding**  |  |  |  |  |  |
| **After CEEC Funding** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Before CEEC Funding**  | **After CEEC Funding** |
| 1. Market Penetration (Market Share %)
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| 1. Access to export markets i.e. value of exports (ZMW)
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| 1. Social contribution i.e. business benefit to the community
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| **7.0 PROJECT BUDGET** |

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| **7.1 PROJECT BUDGET**[Please indicate all the items needed to operationalize your business including raw materials and working capital  |
| **No.** | **Item** | **Quantity** | **Cost (ZMW)** | **Total (ZMW)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| **Total Budget** |  |  |

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| **7.2 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** |  |

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| **8.0 THE COLLATERAL**  |
| Please note, this is a secured facility and, therefore, collateral is a strict requirement (e.g., movable and immovable assets/ landed property (100% title deed cover plus, valid valuation report), accounts receivable etc). The maximum loan amount is K2, 000,000 at 12% interest rate and maximum loan tenure is 60 months. |
| **Please list the type of collateral you are pledging against the loan facility. For landed Property please indicate Plot/ Stand No., Title Holder, Lease Period, Location (District and Province).** | **Estimated Value of Collateral (in Kwacha)** |
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| **9.0 PROJECT IMPLEMENTATION** |
| If you are funded, when would operations start? | Within 1-2 months Within 3-4 months Within 5-6 months More than 6 months  |
| **Signature** |  | **Date** |  |

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| **10.0 CHECKLIST ( Please check and tick all the necessary documents that must be submitted**  |
| For immovable assets/ landed property (Attach 100% title deed cover plus, valid valuation report) |  |
| For Limited Company and Cooperative ( Attach valid copy of certificate) |  |
| For Cooperatives ( Attach valid list of paid up members)  |  |
| For Limited Company ( Attach copies of NRC for Shareholders) |  |
| For Cooperatives ( Attach copies of NRC for Chairperson, Vice Chairperson, Secretary and Treasurer and Two Committee Members) |  |
| Attach Valid Quotations of equipment to be procured  |  |