****

**CEEC CONCEPT NOTE**

**APPLICATION FORM**

**FOR**

**AUTO MECHANICS**

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

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

|  |  |
| --- | --- |
| **Date of Application** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |
|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **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) |  | |

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

|  |
| --- |
| 2.0 Business information |
| |  |  | | --- | --- | | 1. Date business was formally established: |  | |  |  | | 1. Economic sector of business: |  | |  |  | | 1. State business product/service |  |  1. Briefly describe the nature of business and its operations.  |  | | --- | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. Is the business currently operational? | Yes |  |  | No |  |  |  |  | | --- | --- | | 1. If business is not currently operational, state reasons for this: |  |  1. What challenges does your current business face? (e.g., meeting the demand, working capital, skills, technological, etc.) Please provide brief explanation.  |  | | --- | |  |  1. If funded, clearly explain how your business will operate from Production, Processing up to Marketing.  |  | | --- | |  |  1. List all the essential equipment that will be required in the manufacturing of the products as provided below.  |  |  |  |  | | --- | --- | --- | --- | | **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.  |  | | --- | |  |  1. Explain how your innovation will generate income for you or others or how it can assist in improving operations of your business.  |  | | --- | |  |  1. Clearly explain how you will address the following in your production process;  |  |  |  | | --- | --- | --- | | **No** | **Description** | **Explanation** | |  | Hygiene |  | |  | Occupational Health and Safety |  | |  | Environmental Protection |  | |  | Product Quality and Standard |  | |

|  |
| --- |
| **3.0 MARKET INFORMATION** |
| 1. Which market are you currently servicing? Include market location where applicable  |  | | --- | |  |  1. If funded, what will be your target market for your processed products?  |  | | --- | |  |  1. Where will you secure raw materials?  |  | | --- | |  |  1. State any backward linkages in the supply of raw materials.  |  | | --- | |  |  1. Who will be your major competitors, and why do you think you will survive the competition?  |  | | --- | |  |  1. State the locational advantage for your business.  |  | | --- | |  | |

|  |  |
| --- | --- |
| **4.0 FINANCIAL INFORMATION** | |
| 1. What is your current production volume (capacity) per month? Where applicable |  |
| 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** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **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: | | |
| --- | --- | --- |
| 1. Benefit to **customers** |  | |
| 1. Benefit to **suppliers** |  | |
| 1. Revenue Generation | **Before CEEC Funding** | **ZMW** |
| **After CEEC Funding** | **ZMW** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 %) | | |  | | |  | |
| 1. Access to export markets i.e. value of exports (ZMW) | | |  | | |  | |
| 1. Social contribution i.e. business benefit to the community | | |  | | |  | |

|  |
| --- |
| **7.0 PROJECT BUDGET** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | | | |  |

|  |  |
| --- | --- |
| **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)** |
|  |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |

|  |  |
| --- | --- |
| **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 |  |