Fisheries Loan Guarantee

Application Form

(Note: Application form required for each partner or shareholder.)





Department of Industry Trade and Rural Development

1. Client In							
Applicant Name:				Business Phone:			
Key Contact:					Residence Phone:		
Business Location:					Fax #:		
2. Identifica	ntion Section						
Surname		Given Name	Given Name (s)		SIN	SIN	
Address					Postal Code		
Marital Status Spouse's name		e No. of Dependents		Dependents	Spouse's En	Spouse's Employer	
	ted annual incom	e: From Work \$		From oth	er sources: \$		
Spouses' estima	ted annual incom	e: From Work \$		From oth	er sources: \$		
Spouses' estima 3. Purpose o	of Funding	ne: From Work \$		From oth		ed Financing	
Spouses' estima 3. Purpose of the second of	of Funding	ne: From Work \$				ed Financing	
Spouses' estima 3. Purpose of the second of	of Funding	ne: From Work \$			Propose	ed Financing	
Spouses' estima 3. Purpose of the second of	of Funding osts sition	ne: From Work \$		Applican	Propose	ed Financing	
3. Purpose of A. Project Conversed Acquired Equipment A	of Funding osts sition	ne: From Work \$		Applican	Propose	ed Financing	
3. Purpose of A. Project Conversed Acquired Equipment A. Other	of Funding osts sition	se: From Work \$		Applican	Propose	ed Financing	
3. Purpose of A. Project Conversed Acquired Equipment A. Other Total:	of Funding osts sition	\$		Applican Bank Other Total:	Propose		

6. Employment							
Job Categories		otal Employment rior to Funding	New Jobs Created	Jobs Mainta	nined		crew ntage
Permanent Full Time							
Permanent Seasonal							
Permanent Part Time			-				
Seasonal Part Time				-			
7. Professional Refe	rences						
	Fi	irm	Contact N	ame	Telephone		
Bank							
Accountant							
Other							
& Fisheries related i	nformati	on					
8. Fisheries related information Is fishing your main occupation? If yes, for how long? Years							ars
Are you a core fisher			,				
	State type of fishery and prime fishing season.						
Have you enclosed a copy of your fishing license (s)? Yes No: (If no, please explain.)							e explain.)
State areas authorized to fish.							
To whom and where was the catch sold?							
State share percentage \$ value: Crew: % \$; Vessel owner: % \$							
Fishery related training courses, diplomas and certificates held:							
Do you own a fishing vessel(s)? If yes, describe below							
Registered name of Length Type of Outstanding CFV No. Year built Vessel				Vessel Location			
			Yes No				
		-	\$				
Have you had previous dealings with the *Fisheries Loan Board?							
If so, when? Was the loan paid as agreed?							
If not explain why below:							

8. Fisheries related informa	ation (Continued		
How many years will you ne	ed to repay this	oan?	
What is the best month for ye	ou to make your	early payment?	
Sources of down payment.	Own cash:	Amount \$	
Other source(s) Specify			

Have you worked at anything other than fishing in the past 2 years? If yes, for each year indicate name/address of each employer, type of work, what months you worked and income from each employer.

Year Employer Income

9. Business Financial Information

Under separate cover please provide:

- a) Previous and current years income and expense statements. (Income tax returns are acceptable.);
- b) Two years forecast of revenues and expenses;
- c) Details of historical and forecast revenues according to : species, volumes and price; and
- d) If incorporated, a recent balance sheet detailing the businesses assets and liabilities.

10. Personal Financial Position

ASSETS

20

LIABILITIES

(Plant, Bank, Finance Company and Others.) **

		(Train, Dank, Thance Company and	
Cash, Bonds, Savings, Investments			
RRSP			
Fishing Gear			
Fishing Vessel(s)			
Land, House(s), Cottage(s)			
Rental Property			
Vehicle(s), *			
	-	NET WORTH:	\$
TOTAL ASSETS:	s	TOTAL LIABILITIES:	\$

- * Please attach a sheet providing details of vehicles, ATV's, travel trailers or other assets.
- ** Please attach a sheet providing details of loans terms, monthly payments, interest rate, security and purpose.

Applicant's Declaration / Consent and Disclosure

	indersigned, on behalf ofhereby authorizes the artment of Industry Trade and Rural Development, hereafter known as "The Department":
٠	to make any inquiries or obtain information concerning the financial affairs of the applicant shareholders and /or proprietors from any party including but not limited to such persons, firms corporations of other government agencies as it deems necessary in order to reach a decision on thi application;
٠	to consult with the Canada Custom and Revenue Agency and obtain copies of Income Tax Return and other related documents for each of the past two years assessed;
٠	to access, at any reasonable time, the site and premises of the facility described in this application;
The A	Applicant hereby:
•	acknowledges that the appraisals, inspection, reviews of plans or other documentation performed by government inspectors are done solely for the purposes of securing interests of The Department in connection with its granting of a guarantee. The Applicant further acknowledges and agrees that The Department shall not in any circumstances be liable for any loss, damage, defect or delay which may arise as a result of such appraisals, inspection and/or reviews.
•	authorizes the bank to provide the Department with full information concerning the operating and financial position of the applicant.
٠	confirms that all the information and representations submitted in connection with this application for funding are true and correct to the best of the knowledge and belief of the undersigned;
	confirms that neither the applicant nor its officers are involved in any litigation, or in any proceedings before any Government board, agency or tribunal which have not been disclosed in writing as an attachment to this application; and
٠	agrees that the acceptance of this offer shall be considered to include agreement to make public the loan amount and name of the recipient together with the purpose and other information pertaining to employment created.
registe	are that I am a Canadian citizen, resident in the Province of Newfoundland and Labrador and/or a red Newfoundland and Labrador company and I certify that the information contained in this ation and schedules attached hereto are true and correct in all aspects.
(Signa	ture of Authorized Signing Officer) Title D M Y Date: / /
	D M Y Date: / /
(Signat	ture of Authorized Signing Officer) Title

P.O. Box 8700, St.John's, NF, A1B 4J6 Telephone: (709) 729-7097/8