

CREDIT ENHANCEMENT FACILITY
Application for Credit Guarantee/Indemnity
 (Note: THIS FACILITY IS APPLICABLE ONLY TO LOANS TO SMEs)

APPLICATION NO. _____

Name of AFI: _____	Branch: _____
Address: _____	Date: _____

SUB-BORROWER PROFILE

Name: _____	Address: _____
TRN: _____	TCC: _____ Exp. Date: _____
Date of Incorporation: _____	Tenure of Operations: _____
Sub-borrower Risk Rating: _____	Risk Category: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Contact#: _____	Email: _____

LOAN DETAILS

Loan Amount: _____	Sector: _____
Loan Tenure: _____	Sub-Sector: _____
DBJ Funded <input type="checkbox"/>	AFI own Funded <input type="checkbox"/> World Bank Line <input type="checkbox"/>
Purpose of Loan: _____	
Collateral provided (Kindly list all collateral security, including the valuation thereon. Indicate whether the security is being utilized to secure any prior loan from the AFI): _____ _____ _____	

GUARANTEE PRODUCT

Guarantee Coverage required (\$): _____	SME General <input type="checkbox"/>
Guarantee Coverage required (%): _____	SME Energy <input type="checkbox"/>
Guarantee Tenure required: _____	SME Agriculture <input type="checkbox"/>
(Maximum of 10 years available)	Small Loan <input type="checkbox"/>

LOAN DETAILS FOR AFI FUNDED LOANS & WORLD BANK LINE OF CREDIT

Total Project Cost:	_____
Interest Rate to Sub-borrower:	_____
Loan Tenure:	_____
Moratorium on principal:	_____
Repayment cycle (Monthly, Quarterly or Semi-Annual etc.):	_____
New Jobs created: Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>

KINDLY INDICATE THE SME's EXISTING QUALIFYING CRITERIA

Number of Employees: up to 150 Permanent Temporary

Annual Turnover: up to J\$ 425,000,000 _____

AFI Authorized Signature(s)

Name: _____	Name: _____
Signature: _____	Signature: _____
Title: _____	Title: _____
Date: _____	Date: _____

DBJ INTERNAL USE ONLY

GUARANTEE APPROVAL CHECKLIST

- Loan approved to AFI by DBJ
- Sub-borrower meets SME eligibility criteria
- Length of time in operation (min. 1 year)
- Approved sector
- Approved Loan purpose

COMMENTS

Account Executive:

Name: _____

Signature: _____

Date: _____

Manager LOPM:

Name: _____

Signature: _____

Date: _____

GM- Loan Origination & Portfolio Management

Name: _____

Signature: _____

Date: _____

GUARANTEE/INDEMNITY APPROVAL

Date Approved: _____

Guarantee/Indemnified Amount: _____

Term of Guarantee/Indemnity: _____

Managing Director

Name: _____

Signature: _____

Date: _____