



# **Applicant Identification**

### LOAN APPLICATION for:

TRICORP

FIRST CITIZENS' FUND

ABORIGINAL BUSINESS EQUITY PROGRAM

Name: (last, first, middle)	e: (last, first, middle)		Name of: Band / Corporation / Organization		
Aboriginal Ancestry (Band registered with)			Nation		
Street Address:			P.O. Box #		
City/Town:			Postal Code:		
Home Phone			Business /Message Phone		
Cellular (mobile) phone			Fax		
Email					
Birth date	S.I.N.	<u>OR</u>	Contact Person:		
Occupation	Salary	<u>OR</u>	Contact's Title:		
Employer		<u>OR</u>	Contact's Email:		
Employer's Address			Phone		
City/Town:		Postal Code:			
Name of: Spouse  Co	-applicant 🗆	Birth date	S.I.N.		
Occupation of: Spouse	Co-applicant □	Sa	lary Email:		
Employer			Phone		
Employer's Street Address	:	P.O. Box #			
City / Town:			Postal Code		
Current Bank		Phone			
Account Numbers					

References

Give 2 references (other than your bank), the first familiar with your finances, the second with your business skills:

Name	Title
Address	Phone
Name	Title
Address	Phone

# **Business Identification**

Proprietorship	Partnership		Incorporation			
Address	On Reserve? Yes			NoBand:		
Have you applied for funding elsew	here? Yes	No	If yes ,	identify (on fo	ollowing lines)	
Bank or Credit Union	Date	applied				
Other	Name of cont	act:				
Date applied						
Have you, or any business that you Government of Canada (including the lines)						
Are you involved in any petitions undetails.	nder the "Family Law Act'	? Yes	No	If yes,	, please provide	
Have you ever changed your name of provide details.	or are you known by any o	ther names?	? Yes	No	If yes, please	
Are you a guarantor for any loans? to you:	YesNoI Am	yes, provie ount:	de: Name	of Borrower a Balanc	nd relationship e:	
Describe your project, including his	tory of business if already	owned:				
What is your percentage of busines	s ownership? If not	100%, exp	plain:			
How many full and part-time jobs w	vill be created by this proje	ct?				
Estimate how many positions to be	filled by Native people:					
Estimate now many positions to be						

### **Personal Statement**

	T.		1
Assets	Amount	Liabilities	Amount
Orah		Derik Leane	
Cash		Bank Loans	
Life Insurance (cash value)			
Life insurance (cash value)			
Real estate (present value)		Mortgages (list)	
Vehicle (make & year)			
Fishing Vessel		Charge accounts (balance/monthly payment)	
Fishing Gear (list)			
Stocks, Bonds (cash value)		Owed to fishing Co. (name: )	
		, , , , , , , , , , , , , , , , , , ,	
Household & personal effects		Income tax unpaid	
Other assets		Other liabilities	
TOTAL ASSETS (A)		TOTAL LIABILITIES (B)	
A (A)		(B)	
		NET WORTH (A MINUS B)	

## **Estimate Project Costs**

## **Project Financing**

Land	 Applicants Equity	
Building	 Existing Working Capital	
Equipment	 Loans: TRICORP	
Other: (specify)	 First Citizens Fund	
	 Other	
FCF loans, add 1.5% borrowers fee	 Other	
Security Documentation Fees*	 Other	
Life insurance Fees**	 Other	
TOTAL	 TOTAL	

\*These fees are required for each loan. The amount of the fees varies depending on the amount of the project .

\*\*All loans must be life insured. Life insurance may be purchased through Tricorp (and built into the loan) or purchased through another organization.

\*\*\*Please be aware that these additional fees exist - your Business Development Officer can provide additional information.

#### Schedule A Declaration of Applicant

#### I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND ABILITY:

- I/we are of North American Aboriginal ancestry and are at least 51% owner-operator of the proposed business;
- That the business or business head office is located in British Columbia;
- The information given in this application and accompanying attachments is complete, true and correct.
- All relevant information that is material to the application has been fully disclosed to Tribal Resources Investment Corporation (Tricorp).
- I/we will provide all information required by Tricorp.
- I/we hereby authorize Tricorp to obtain any background information it deems necessary concerning this application, including but not confined to, reports from the credit bureaus, retail credit company, Dun & Bradstreet, Government funding or any other source or agency that Tricorp considers appropriate.
- I/we authorize duly appointed representatives of Tricorp to obtain from, and share with, any person or organization, public or private, any information in relation to my application as Tricorp may require in the assessment of this application.
- Subject to the provisions of the Freedom and Information and Protection of Privacy Act, Tricorp may release certain information regarding the Borrower that it receives under this program.
- I/we agree to notify you immediately of any material change of condition while indebted to you. In the event that such notification is not given, or if acts that, in your opinion, either do or could adversely affect Tricorp's interest, then any and all outstanding obligations may, at your election become due and payable without demand or notice and may be charged against any and all assets of the undersigned in possession and control of Tricorp.

Completion and submission of this declaration form implies consent to the above access and disclosure for the purposes described.

Signed at:	this	day of	, 20
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Witness – Print Name

Legal Name of Applicant

Date

Applicant Signature / Authorized Signatory

#### Schedule B FCF DECLARATION OF APPLICANT

I/We certify that:

- at least 51% of the owner-operators of the proposed business operation are persons of North American Aboriginal
- ancestry who are ordinarily resident in British Columbia;
- that the business or business head office is located in British Columbia;
- any and all previous financial assistance obtained from Tricorp and/or the First Citizens' Fund (FCF) has been disclosed to Tricorp; and
- all information contained in this loan application for a loan under the FCF is true and correct.

I/We hereby grant authorization to the FCF or its designate, Tribal Resources Investment Corporation (Tricorp) or subcontractors to investigate and discuss this application with such persons as may be necessary; to obtain such credit and personal information as may be appropriate for the evaluation of this application, and to publicize information about the approved initiative.

I/We understand that:

- I/we will be responsible for payment of all charges relative to the preparation and presentation of information requested in the application, unless otherwise agreed in writing by FCF or its designate, Tricorp;
- I/we agree the FCF loan is not assumable by any purchaser of the business;
- I/we may be ineligible for new funding (in full and in part) if repayment of the first loan is not repaid in full or on schedule;
- I/we may be ineligible for new funding and/or deferred contribution (in full or in part) if repayment of the first loan is not paid in full or on schedule;
- I/we understand that the Lifetime Maximum program loan amount for any Borrower is \$76,125 (inclusive of the 1.5% borrower's fee for Business Advisory Services provided by the Business Support Officer). A Borrower is defined as a person, a business either incorporated or unincorporated, a not-for-profit society or band organization. The Lifetime Maximum is determined to be the total amount of program loans taken out by a Borrower in any business, project or business venture under the program. Any person or organization who is an owner, in whole or part, at the time any loan is received under the program is deemed to be a Borrower and will have the percentage of ownership of the loan applied against their allowable Lifetime Maximum;
- I/we have agreed to all the terms and conditions of the FCF Loan Program; and
- I/we understand that information, including personal information collected under this program is considered confidential and I agree to the following uses and disclosures:
- I/we agree that my information will be accessible to the All Nations Trust Company (ANTCo) for the purposes of administering the First Citizens' Fund Loan Program.
- I/we agree that my name and business plan can be disclosed to the designated Business Support Officer upon disbursement of loan funds.
- I/we agree that information under the First Citizens' Fund Business Loan Program and Business Advisory Services
- Program may be disclosed to the Province for contract and monitoring, program research and evaluation purposes only. When requested under the Freedom of Information and Protection of Privacy Act, the Province may be required to release certain information regarding the Borrower that it receives under this program; and
- I/we agree that ANTCO, the Province or the Business Support Officer may contact me in the future for program evaluation survey purposes.

Completion and submission of this declaration form implies consent to the above access and disclosure for the purposes described.

Signed at:	this	day of	, 20 .

Witness – Print Name

Legal Name of Applicant

Applicant Signature / Authorized Signatory