

File creation
CAE Funds

INFORMATION ON THE BUSINESS

Full name: _____
 Address: _____ Telephone: _____
 City: _____ Fax: _____
 Postal code: _____ Email: _____
 Name of contact: _____ Occupation: _____

INFORMATION ON THE PROMOTERS

First and last name: _____ Telephone: _____
 Address: _____ Cell phone: _____
 City: _____ Email: _____
 Postal code: _____ SIN: _____
 % of shares: _____ Birth date: _____

First and last name: _____ Telephone: _____
 Address: _____ Cell phone: _____
 City: _____ Email: _____
 Postal code: _____ SIN: _____
 % of shares: _____ Birth date: _____

First and last name: _____ Telephone: _____
 Address: _____ Cell phone: _____
 City: _____ Email: _____
 Postal code: _____ SIN: _____
 % of shares: _____ Birth date: _____

DESCRIPTION OF BUSINESS AND PROJECT

Description of project: _____
 Reason for financing: Launch Expansion Acquisition Consolidation
 Creation date: _____ Year end date: _____
 Credit margin: \$ _____
 Jobs: Full-time _____ Part-time _____ Seasonal _____ Creation _____

FINANCING REQUESTED

Needs		Financing	
Working capital	\$ _____	Investment	\$ _____
Equipment	_____	Loan	_____
Mobile equipment	_____		_____
	_____		_____
Total	\$ _____	Total	\$ _____

OTHER DESCRIPTIONS

Project:
Human resources:
Products and services:
Market:

**File creation
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Auditor: _____

Contact person: _____ Telephone: _____

Financial institution: _____

Contact person: _____ Telephone: _____

Insurer: _____

Contact person: _____ Telephone: _____

DECLARATION

We consent to the Centre d'Aide aux Entreprises Haute-Yamaska et région (CAE) collecting credit information for analysis purposes from any governmental agency, financial institution, credit office or agency on the promoters and/or the company concerning this file creation or any other mandate. This consent also applies to the update of information relating to any loan or loan application to allow the CAE to reanalyze the commitments we have with them, particularly regarding any commitment renewal, amendment or extension and any change in our business relations.

We consent to the person contacted disclosing such information to the CAE. This consent also gives permission to this person to use and disclose any information contained in closed or inactive files.

We consent to the CAE disclosing to any lender, personal information agent, co-borrower or possible guarantee the information they will qualify as appropriate concerning this application or pursuant to any commitment we may have with the CAE.

We consent that all documents disclosed to the CAE remain with the CAE.

We, _____, _____,
_____, the undersigned apply for financial aid in the amount of
\$_____ from the Centre d'Aide aux Entreprises Haute-Yamaska et région on this day,
_____.

The financial application front-end fees for analysis purposes are in the amount corresponding at 0.5 % of the amount requested for financial aid (minimum \$250) and are non-refundable. These fees must be paid before presenting the file for approval. _____

Initials

Payment received on _____ by _____.

Name and title of signatory

Signature

Date

Name and title of signatory

Signature

Date

Name and title of signatory

Signature

Date

SPACE RESERVED FOR THE CAE