**RDF APPLICATION FORM**

**SECTION A: BASIC INFORMATION**

**NAME OF INSTITUTION** …………………………………………………………………………………………………………..……

**Date of Incorporation** …..................................…………………………………………………………………………….…..…

**Company Registration Number**……………………………………………………………………………………………….…..….

**Tax Identification Number**..............................................................................................................................

**Postal Address** ………………………………………………………………………………………………………………………….…..

**Physical Locational Address** ……………………………………………………………………………………………………..…….

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**Website Address** ……………………………………………………………………………………….……………………….….………

**E-Mail Address** ……………………………………………………………………………………………………………………..……….

**Telephone Numbers**……………………………………………………………………………………………………………………….

**Contact Person** **1** ……………………………………………………………………………………………………………………………

**Position** ………………………………………………………………………………………………………………………………………..

**E-mail Address** ………………………………………………………………………………………………………………………………

**Mobile Number** ……………………………………………………………………………………………………………………………..

**Contact Person** **2** …………………………………………………………………………………………………………..……………….

**Position** ……………………………………………………………………………………………………………………..…………………

**E-mail Address** ……………………………………………………………………………………………………………………………….

**Mobile Number** ………………………………………………………………………………………………………………………………

**SECTION B: CREDIT REQUEST INFORMATION**

**Amount of Facility Required: GH¢** .................................................................................................................

**(Amount in words)** ..........................................................................................................................................

**Product Required: Working Capital** (up to 2 years)  **Term Loan** (over 2 to 5 years)

**Subordinated Debt** (over 5 to 7 years)

**Tenure**: ...........................................................................................................................................................

**Purpose** ……....................................................................................................................................................

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**SECTION C: DECLARATION**

I ………………………………….................................................................... declare that I have authority to make this application on behalf of .............................................. and that the information provided is true and accurate to the best of my knowledge after diligent search. I fully understand that RDF Ghana can take legal action if it is established that the information provided is not true or inaccurate in accordance with the laws of the Republic of Ghana. I further declare that I have read and understood the pre-application guidelines before making this application and I have determined that my institution is qualified to make this application. I confirm that there are no compliance issues with internal statutes or with external parties including the Regulator that have not been declared under this application.

I am also aware that this application is not legally binding on RDF Ghana and does not constitute any commitment from either party. The cost for submitting this application is the sole responsibility of the applicant institution. RDF Ghana has the right to reject the application in part or in whole or seek modification and has no legal obligation to explain to the applicant the reason(s) for such decision(s) to modify or reject the application.

Name ................................................................................................................................................................

Position ………………………………………………………………………………………………………………………………….........

Signature...........................................................................................................................................................

Date ………………………………………………………………………………………………………………………………………………