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**BUSINESS INFORMATION** (Complete for existing business only)

Full Legal Business Name:		Trade Name (if applicable)	
Street/Mailing Address:		City:	Province: Postal Code:
Phone:	Fax:	Cell/Pager:	E-mail:
(250)	(250)	(250)	
Business Structure:		Owned Business since: (DD/MM/YYYY)	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporation <input type="checkbox"/> Association			
Who are the principal owners:		Ownership	Ownership
1) _____ %	2) _____ %	3) _____ %	_____ %
		Ownership	Ownership
4) _____ %	5) _____ %	6) _____ %	_____ %
Briefly Describe your Business:		Number of Employees:	Full-time Part-time Seasonal
Where do you maintain your business banking relationships?			
Name of Financial Institution:		Address:	
Where else have you tried to obtain the financing now requested? What was their response?			
Where did you hear about the services offered by Community Futures Cowichan?			
		Yes	No
1) Is your business in non-compliance with any environmental regulations?		<input type="checkbox"/>	<input type="checkbox"/>
2) Has your business ever filed for bankruptcy or defaulted on any debts?		<input type="checkbox"/>	<input type="checkbox"/>
3) Is your business a defendant in any claim or lawsuit?		<input type="checkbox"/>	<input type="checkbox"/>
4) Does your business guarantee the loans or financial commitments of others?		<input type="checkbox"/>	<input type="checkbox"/>
5) Are any taxes (income, GST, PST, Business, etc.) in arrears?		<input type="checkbox"/>	<input type="checkbox"/>
If you answered "yes" to any of the above, please provide details below:			

**CERTIFICATION AND AGREEMENT**

By signing below you certify that the statements above and the information provided are true and complete. The information is provided for the express purpose of obtaining financial and/or technical assistance from Community Futures Development Corporation – Cowichan Region (the "Corporation"), operating as Community Futures Cowichan. The Corporation may from time to time give any credit and other information about you including any information on this form, to or receive such information from: (a) any credit or reporting agency; (b) any person with whom you may or propose to have financial dealings; and (c) any person if in connection with any dealings you have or propose to have with the Corporation. You agree that the Corporation may use that information to establish and maintain your relationship with the Corporation and to offer any services as permitted by law.

You understand that submission of this information to the Corporation does not obligate the Corporation to grant the assistance requested and that any offers of assistance that may be granted by the Corporation must be in writing and must be signed by the authorized representative of the Corporation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature