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GOVERNMENT OF EBONYI STATE N3BILLION YOUTH SME GRANT FUND

## **APPLICATION FORM**

## **1. PERSONAL DETAILS**

NAME	GENDER M F DATE OF BIRTH
STATE OF ORIGIN LGA	WARD COMMUNITY
2. BUSINESS DETAILS	
NAME OF BUSINESS ACTIVITIES	START UP? YES NO
BUSINESS ADDRESS	
TYPE OF BUSINESS ACTIVITY	BUSINESS SECTOR
YEARS IN OPERATION NUMBER OF STAFF	BUSINESS REGISTERED? YES NO
3. BANK ACCOUNT DETAILS	
BANK NAME ACCOUNT NAM	AE
	/N
Please attach a detailed BUSINESS PLAN for a grant of only when submitting this application letter.         5. GUARANTOR'S DETAILS         NAME	DDRESS
PHONE NUMBER SIGNATUR	RE
NB: Please attach a valid means of Identification	
6. DECLARATION I, hereby declare that the information provided above is accur- DISQUALIFIED from receiving the grant if any of them is four NAME:	und to be FALSE.
APPROVED AMOUNT IN WORDS	N
APPROVED BY NAME POSITION	SIGNATURE
REMARKS	DATE:

Important Notice: Kindly submit scanned copy of your Valid ID Card, LGA Certificate of Origin, a Business Plan and a Completed Original Copy of this Application Form into one PDF File and send to "<u>ebonyionemillionperyouthgrant@gmail.com</u>" or Submit the entire Package to Office of Special Assistant to Governor on SMEs, Cabinet Office, Old Govt House, Abakaliki, on or before 4th December, 2020.