

Citizens Economic Empowerment Commission

CEEC CONCEPT NOTE

APPLICATION FORM

FOR

INVESTMENT IN AQUACULTURE PARKS

Type of Empowerment Product- Aquaculture

- a) Under Fingerlings Hatchery (In Luapula & Northwestern Provinces Only)
- b) Under Cage Fish Farming (In Luapula Province Only)
- c) Under Cold Chain Solution (In Luapula & Northwestern Provinces Only)

Indicate your Line of Business:

THE LOAN

| Indicate the loan amount applied for | ZMW |
|--|-----|
| Your Proposed Loan Repayment Period (Months) | |

Date of Application

| 1.0 APPLICANT INFORM | ATION | | | | | |
|---|-------------------|------------------------------|------------------------------|-------------------------------|-------|-----|
| 1.1 Name of Business (MSME) or Cooperative Applying | | | | | | |
| Legal Form of Applicant (e.g. Limited Company, Cooperative, etc.) Attach copy of certificate | | | | | | |
| Business/ Cooperative Reg | gistration Number | | | | | |
| Social Distribution (majority composition of business) (please tick where applicable) | | Youth- Female | Youth- Male | Persons with Disability | Women | Men |
| ZRA Tax Payer Identification Number (TPIN) | | | | | | |
| Province | | | /illage and N leadman/Inc | | | |
| District | | Street Address & Plot No. | | | | |
| Ward | | | Contact Num | ber(s) for | | |

| 1.2 Sh | 1.2 Shareholders of the Business/ (For Cooperatives, attach list of paid up members): | | | | | | | | |
|--------|---|-------------|--|-------------------------------------|--|--|--|--|--|
| No. | Full Names | Nationality | | % share holding where applicable | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

| 1.3 Authorized Representatives (Provide two Names) | | | | | | | |
|--|-------|------------|--|--|--|--|--|
| 1. Name of Contact Person | | | | | | | |
| Position in the Business | | | | | | | |
| Contact Number(s) | Cell: | Telephone: | | | | | |
| Email | | | | | | | |
| Physical Address (Residential Address) | | | | | | | |
| 2. Name of Contact Person | | | | | | | |
| Position in the Business | | | | | | | |
| Contact Number(s) | Cell: | Telephone: | | | | | |
| Email | | | | | | | |
| Physical Address (Residential Address) | | | | | | | |

| 1.4 Previous CEEC Funding | | |
|--|--------|--|
| Is Applicant or any of its shareholders already a beneficiary of CEEC? | Yes No | |
| If Yes give details: | | |
| | | |

| Data Ia | famma alla sa di Litti di 🖉 🗖 | | | | |
|--|---|---------------------|-----------------------------------|--------------------|----|
| . Date business was | formally established: | | | | |
| . Economic sector of | business: | | | | |
| . State business prod | luct/service | | | | |
| Briefly describe the n | ature of business and its oper | ations. | | | |
| | | | | | |
| Is the business curre | ently operational? Yes | | No | | |
| If business is not cu reasons for this: | rrently operational, state | | | | |
| | | | | | |
| M/bataballangaa daa | a vaur aurrant buainaga faga? | (a generating the | | | |
| • | es your current business face? lease provide brief explanation | | demand, worki | ng capital, skills | б, |
| • | es your current business face? lease provide brief explanation | | demand, worki | ng capital, skills | 5, |
| • | • | | demand, worki | ng capital, skills | S, |
| technological, etc.) P | • | н. Г. | | | |
| technological, etc.) P | lease provide brief explanation | н. Г. | | | |
| technological, etc.) P | lease provide brief explanation | erate from Producti | on, Processino | g up to Marketin | |
| technological, etc.) P If funded, clearly exp List all the essential e | lease provide brief explanation | erate from Producti | on, Processing | g up to Marketin | |
| technological, etc.) P If funded, clearly exp | lease provide brief explanation | erate from Producti | on, Processing o produce the p | g up to Marketin | |
| technological, etc.) P If funded, clearly exp List all the essential e | lease provide brief explanation | erate from Producti | on, Processing o produce the p | g up to Marketin | |
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2.11. Explain how your business will generate income for you or others or how it can assist in improving operations of your business.

2.12. Clearly explain how you will address the following in your production process;

| No | Description | Explanation |
|--------|--------------------------------|-------------|
| 2.12.1 | Hygiene | |
| 2.12.2 | Occupational Health and Safety | |
| 2.12.3 | Environmental Protection | |
| 2.12.4 | Product Quality and Standard | |

3.0 MARKET INFORMATION

3.1. Which market are you currently servicing? Include market location where applicable

- 3.2. If funded, what will be your target market for your processed products?
- 3.3. Where will you secure raw materials?
- 3.4. State any backward linkages in the supply of raw materials.
- 3.5. Who will be your major competitors, and why do you think you will survive the competition?
- 3.6. State the location of your project and its advantage for business.

| 4.0 FINANCIAL INFORMATION | |
|---|-----------|
| 4.1 What will be your production volume (capacity) per month/cycle? | KG/LITERS |
| 4.2 What will be the price of your products? | ZMW |
| 4.3 How much will be your monthly revenue? | ZMW |
| 4.4 What will be the total direct cost of production per month? | ZMW |
| 4.5 How much will be your monthly gross profit? | ZMW |
| 4.6 How much did you spend to start your business? i.e. Capital | ZMW |

5.0 Proposed Management Team

[Applicant to indicate names, positions, qualification and relevant experience of key members of the management team that will implement and run the proposed business.

| No. | Full Name | Management Position | Management Qualification and Experience |
|-----|-----------|---------------------|--|
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| 6.0 BUSINESS IMPACT | | |
|--|---------------------|--|
| What will be the Busines this business will have on | • | entence on each, please indicate the positive impact |
| a) Benefit to customers | | |
| b) Benefit to suppliers | | |
| c) Revenue | Before CEEC Funding | ZMW |
| Generation | After CEEC Funding | ZMW |

| d) Number of | | Women | Men | Youth (Male) | Youth (Female) | Total |
|---------------------------------------|------------------------|----------|---------------|-----------------|-------------------|---------|
| Workers | Before CEEC Funding | | | | | |
| | After CEEC Funding | | | | | |
| | | Γ | Before CEEC F | unding | After CEEC I | Funding |
| e) Market Penetrat | ion (Market Share % | %) | | | | |
| f) Access to expor exports (ZMW) | t markets i.e. value | of | | | | |
| g) Social contributi the community | on i.e. business ber | nefit to | | | | |

7.0 PROJECT BUDGET

7.1 PROJECT BUDGET

[Please indicate all the items needed to operationalize your business including raw materials and working capital

| capital | | | | |
|--------------|------|----------|------------|-------------|
| No. | Item | Quantity | Cost (ZMW) | Total (ZMW) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| Total Budget | | | | |

| 7.2 CLIENT CONTRIBUTION | | | | | | | |
|---|------|----------|------------|-------------|--|--|--|
| Will any of the above items be financed by the Business? If so, list below. | | | | | | | |
| No. | Item | Quantity | Cost (ZMW) | Total (ZMW) | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| Total Budget | | | | | | | |

8.0 THE COLLATERAL

Please note, this is a secured facility and, therefore, collateral is a strict requirement (e.g., movable and immovable assets/ landed property (100% title deed cover plus, valid valuation report), accounts receivable etc). The maximum loan amount for aquaculture investments K1,000,000.00 respectively at 12% interest rate and maximum loan tenure is 60 months.

| Please list the type of collateral you are pledging against the loan facility. For landed Property please indicate Plot/ Stand No., Title Holder, Lease Period, Location (District and Province). | Estimated Value of Collateral (in Kwacha) |
|---|---|
| | |
| | |

| 9.0 PROJECT IMPLEMENTATION | | | | | |
|---|--|--------------------------------------|--|--|--|
| If you are funded, when would operations start? | Within 1-2 months Within 5-6 months | Within 3-4 months More than 6 months | | | |

Signature

Date

| 10.0 CHECKLIST (Please check and tick all the necessa | ary documents that must be submitted |
|--|--------------------------------------|
| For immovable assets/ landed property (Attach 100% title | |
| deed cover plus, valid valuation report) | |
| For Limited Company and Cooperative (Attach valid | |
| copy of certificate) | |
| For Cooperatives (Attach valid list of paid up members) | |
| For Limited Company (Attach copies of NRC for | |
| Shareholders) | |
| For Cooperatives (Attach copies of NRC for Chairperson, | |
| Vice Chairperson, Secretary and Treasurer and Two | |
| Committee Members) | |
| Attach Valid Quotations of equipment to be procured | |