 Micro Guarantee 2017-2020

Application Form





**For Office Use Only:**

Reference Number

Date and Stamp received by the

Corporation

Introduction

**Please note that:**

1. The scope of this application form is to ensure that all applicants submit at least the minimum required information. Enterprises are however encouraged to submit additional information, in any format they prefer, to substantiate or elaborate on what is declared in this form.
2. Hand written applications will not be accepted.

**When compiling this application, it is recommended to:**

* Provide specific details
* Provide truthful and realistic information;
* Invest adequate time and effort to compile and complete the application;
* Add supplementary documentation in cases where the space provided is not sufficient, and
* Demonstrate why the application should be approved

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details** |  | | |
| Registered Business Name[[1]](#footnote-1) |  | | |
| Type of Business | Choose an item. | Identification Number[[2]](#footnote-2) | Click here to enter text. |
| VAT Number | Click here to enter text. | Jobsplus Number | Click here to enter text. |
| Business Activity Starting Date | Click here to enter a date. | | |

Registered Address Fill in the Section below if the premises where the investment will be carried out if different from the registered address

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street | Click here to enter text. | | | | Street | Click here to enter text. | | | |
| Locality | Click here to enter text. | | Post Code | Click here to enter text. | Locality | Click here to enter text. | | Post Code | Click here to enter text. |
| Telephone Number | | Click here to enter text. | | | Contact Person | | Click here to enter text. | | |
| Web Address | | Click here to enter text. | | | Name and Surname | | Click here to enter text. | | |
|  | |  | | | Designation | | Click here to enter text. | | |
|  | |  | | | E-mail address | | Click here to enter text. | | |
|  | |  | | | Mobile Number | | Click here to enter text. | | |

**Summary of Business Activity**

Click here to enter text.

**Describe the investment and the economic feasibility of the project which will be financed should the Micro Guarantee be approved.**

Click here to enter text.

**The proposed project addresses one (1) or more of the following actions -**

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

**Explain how the investment will help you in your business activity in relation to the proposed actions chosen above with regards to:**

**Products and Services:**

Click here to enter text.

**Markets:**

Click here to enter text.

**Employment:**

Click here to enter text.

**Innovation:**

Click here to enter text.

**Environment:**

Click here to enter text.

**Business Improvement:**

Click here to enter text.

**Investment Costs**

Select one (1) or more of the following eligible costs and provide a detailed description of the costs related to the proposed project. A new line should be used for each specific cost item.

Malta Enterprise reserves the right to request a submission of three quotations per cost item.

Choose an item.

|  |  |
| --- | --- |
| List each individual cost item and it’s cost  Item 1  Item 2  Item 3 | Amount (Excluding VAT)  € 0  € 0  € 0 |

Choose an item.

|  |  |
| --- | --- |
| List each individual cost item and it’s cost  Item 1  Item 2  Item 3 | Amount (Excluding VAT)  € 0  € 0  € 0 |

# Choose an item.

|  |  |
| --- | --- |
| List each individual cost item and it’s cost  Item 1  Item 2  Item 3 | Amount (Excluding VAT)  € 0  € 0  € 0 |

Choose an item.

|  |  |
| --- | --- |
| List each individual cost item and it’s cost  Item 1  Item 2  Item 3 | Amount (Excluding VAT)  € 0  € 0  € 0 |
| **TOTAL:** | € 0 |
| **Total Loan Amount Being Requested From the Financial Institution** | € 0 |

**Employment**

List down the potential new jobs created through the implementation of the investment to be carried out. Also define the nature and skills required for the new employment.

Click here to enter text.

**Forecasts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2014 | 2015 | 2016 | 2017 | 2018 |
|  | **Audited** | **Audited** | **Choose an item.** | **Forecast** | **Forecast** |
| Turnover | € 0 | € 0 | € 0 | € 0 | € 0 |
| Cost of Sales | € 0 | € 0 | € 0 | € 0 | € 0 |
| Gross Profit (Loss) | € 0 | € 0 | € 0 | € 0 | € 0 |
| Bank interest payable | € 0 | € 0 | € 0 | € 0 | € 0 |
| Depreciation | € 0 | € 0 | € 0 | € 0 | € 0 |
| Other Overheads | € 0 | € 0 | € 0 | € 0 | € 0 |
| Operating Profit/Loss | 0 | 0 | 0 | 0 | 0 |
| Other non-operating income/Expenditure | € 0 | € 0 | € 0 | € 0 | € 0 |
| Tax | € 0 | € 0 | € 0 | € 0 | € 0 |
| Profit after Tax | € 0 | € 0 | € 0 | € 0 | € 0 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of employees | 0 | 0 | 0 | 0 | 0 |  |
| Total Wage Costs | 0 | 0 | 0 | 0 | 0 |  |
| Wages per employee | € 0 | € 0 | € 0 | € 0 | € 0 |  |
|  |  |  |  |  |  |  |
| Number of new employees created | 0 | 0 | 0 | 0 | 0 |  |
|  |  |  |  |  |  |
| Total Assets | € 0 | € 0 | € 0 | € 0 | € 0 |
| Total Liabilities | € 0 | € 0 | € 0 | € 0 | € 0 |

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| --- |
|  |
| 6. Declarations6.1 Personal Data Protection  Personal information provided in this form will be processed in accordance with the Data Protection Act, Cap 440 of the Laws of Malta and shall be treated in the strictest confidence. Information provided in this form will be processed by Malta Enterprise to assess the applicant’s eligibility, for the approval or otherwise of assistance under this scheme, for monitoring implementation of aid granted. The undersigned consents Malta Enterprise to share information provided in this application with Government Entities or the European Commission where this is strictly necessary for the proper administration of this incentive or where legally required.  The undersigned hereby authorises Malta Enterprise Corporation to process the data contained in this form for the purpose stated above and declare that the information on this form and any other supporting documents given with this application is correct to the best of the undersigned’s knowledge.  **6.2 Cumulation of Aid** The undersigned declares that aid approved under this incentive is in line with the terms and conditions set out in the Incentive Guidelines and in line with Cumulation Article 8 of the Commission Regulation (EU) No 651/2014 of 17 June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty.  **6.3 Double Funding** The undersigned confirms that there has not been any approval or has been granted any public funding, financing or fiscal benefit in respect to the cost items included in this request for aid and will not seek funding or fiscal benefits for these cost items through other **National** and/or **European Union** measures. Such measures may include:   * Schemes administered by Malta Enterprise, the Planning and Priorities’ Coordination Division (PPCD), the Measure and Support Division, the Tourism and Sustainable Development Unit (TSDU), Jobsplus, the Malta Council for Science & Technology (MCST), the Regulator for Energy and Water Services (REWS) and Government funded schemes operated by other entities (such as JAMIE financial instrument). * Schemes funded through ERDF, ESF, Cohesion Fund, TEN-T Budget, EAFRD, EFF, LIFE+; Horizon 2020 and other European Union programmes/instruments.   **6.4 Outstanding Recovery Order** The undersigned confirms that the applicant is not subject to an outstanding recovery order following a previous Commission decision declaring an aid illegal and incompatible with the internal market should be excluded from the scope of this Regulation. |

**7. Signatures**

|  |  |
| --- | --- |
| Signature and Stamp of Applicant |  |
| Designation[[3]](#footnote-3) | Click here to enter text. |
| Date | Click here to enter a date. |

**8. Annexes**

**Annex 1 – Enterprise Size Declaration**

**Annex 2 – De Minimis Declaration**

**Annex 3 – Latest Audited Financial Statement**

In the case of newly-established enterprises whose accounts have not yet been approved, the data to apply is to bederived from a bona fide estimate made in the course of the financial year.

In the case of self-employed a copy of the latest tax returns including the income statement.

In the case of Family Business an updated certificate issued by the Regulator for Family Business

1. The registered name of a company is the name specified in the Memorandum and Articles of Association registered with the Malta Financial Services Authority (MFSA). Partnerships and co-operative societies should enter the name as specified in a valid deed of partnership. Self Employed persons should list the full name (first name and surname) as listed on their official identification document). [↑](#footnote-ref-1)
2. The registration number is the official registration number of the company or partnership in terms of the Companies Act, Chapter 386 of the Laws of Malta. Co-operative societies should enter their official registration number in terms of the Co-operatives Societies Act, Chapter 442 of the Laws of Malta. Self Employed should enter their Identity Card Number. [↑](#footnote-ref-2)
3. In the case of a registered company, the individual signing this application must be duly authorized either in terms of the Beneficiary’s Memorandum and Articles of Association or in terms of an appropriate resolution of the Board of Directors, a copy of which must be attached to this application.

   In the case of a partnership, the individual signing this application must be duly authorized in terms of the Partnership Agreement or in terms of an appropriate resolution of the Board of Directors, a copy of which must be attached to this application. [↑](#footnote-ref-3)