APPLICATION FOR FINANCIAL ASSISTANCE
LOANS AND LOAN GUARANTEES

Department of Agriculture, Aquaculture & Fisheries
Industry Financial Programs
PO Box 6000
Fredericton, NB E3B 5H1
(506) 453-2666

NOTE: Applications will not be processed until all required information is received. You may be requested to provide additional information. If requested information is not received within 30 days of request, your application will not be processed any further and it will be returned to you.

A. APPLICANT INFORMATION
Name of company or person applying: ________________________________
Postal address: _____________________________________________________
Phone: _______________ Cell: _______________
E-Mail: ________________________________
Physical address of business: _________________________________________
Contact Person and Title: ________________________________
Social Insurance Number: _____________ Date of Birth: _______________

B. ASSISTANCE REQUESTED
1. Amount requested: $___________ Term: ______ years

2. Please indicate the program(s) you are applying for:
   _____ Agriculture Loan
   _____ Agriculture Loan Guarantee
   _____ Livestock Incentive Loan
   _____ Fisheries Loan
   _____ Fisheries Loan Guarantee
   _____ Aquaculture Loan
   _____ Aquaculture Loan Guarantee

3. Describe the purpose of the financial assistance being applied for, how it will be used, and when it is required:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
4. Provide the sources and use of all funds to be expended over entire course of proposed project:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>I</th>
<th>Use</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
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<tr>
<td>Total</td>
<td>________</td>
<td>I</td>
<td>Total</td>
<td>________</td>
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</tbody>
</table>

5. Number of jobs to be created: ______  Number of jobs to be maintained: ______

C. COMPANY INFORMATION

1. Legal form of business:
   _____ sole proprietorship  _____ partnership
   _____ incorporated company  _____ to be incorporated
   _____ cooperative

2. Attach the following (if incorporated):
   a) current list of shareholders (names, addresses, ownership of each class of shares)
   b) current list of directors (names, addresses)
   c) current list of officers (names, management position, years with business)

3. Business advisors (names and telephone numbers):
   a) banker / lender: ________________________________
   b) accountant: ________________________________
   c) lawyer: ________________________________

D. BUSINESS PLAN INFORMATION

Attach a business plan that includes the following information:

- description of business and proposed project;

- financial information:
  - previous 3 years financial statements or income tax returns (if existing operation);
  - 3-year annual projected income statements and balance sheets;
  - 3-year monthly projected cash flow statements;

- description of management plan (how business will be operated) and management’s qualifications including education and work experience;

- marketing plan (to whom and how products will be sold); and

- production details (3-year historical summary of actual production and 3-year summary of projected production, including assumptions).
E. **PERSONAL BALANCE SHEET** (to be completed where applicant is an individual and not a business)

Date: _______________ 20 _____

Name: _________________

**Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Account Balances</td>
<td>$ __________</td>
</tr>
<tr>
<td>Investments (Stocks, Bonds, RRSPs)</td>
<td>__________</td>
</tr>
<tr>
<td>Motor Vehicles (make, model &amp; year):</td>
<td>__________</td>
</tr>
<tr>
<td>Residence (Tax Assessment Value)</td>
<td>__________</td>
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<tr>
<td>Land (Estimated Value)</td>
<td>__________</td>
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<tr>
<td>Other Assets</td>
<td>__________</td>
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<tr>
<td>Other Assets</td>
<td>__________</td>
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<tr>
<td>Other Assets</td>
<td>__________</td>
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</tbody>
</table>

**TOTAL ASSETS** $ ______________

**Liabilities**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan(s): Lender Payments</td>
<td>__________</td>
</tr>
<tr>
<td>Credit Card Balances</td>
<td>$ __________</td>
</tr>
<tr>
<td>Account Payables</td>
<td>__________</td>
</tr>
<tr>
<td>Provincial Loan(s)</td>
<td>__________</td>
</tr>
<tr>
<td>Mortgages</td>
<td>__________</td>
</tr>
<tr>
<td>Income Tax Owing</td>
<td>__________</td>
</tr>
<tr>
<td>Other Liabilities</td>
<td>__________</td>
</tr>
<tr>
<td>Other Liabilities</td>
<td>__________</td>
</tr>
<tr>
<td>Other Liabilities</td>
<td>__________</td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES** $ ______________

**Net Worth:** $ ______________

Please provide your annual income and sources of that income:

Total household income last year (all sources) $ ______________

Source: ___________________________ $ __________

Source: ___________________________ $ __________
G. **LEGAL DECLARATION**

Describe all outstanding or pending legal actions against the applicant. If none, state “Not Applicable”.

_____________________________________________________________________________

H. **AUTHORIZATION**

The undersigned certifies that the information and representations contained in this application form are true and correct to the best of his/her knowledge and belief. If the applicant is a business, then the undersigned also certifies that he/she has authority to make this application on behalf of the business.

The undersigned gives consent for the Minister of the Department of Agriculture, Aquaculture and Fisheries of the Province of New Brunswick, and for the employees, agents, successors and assigns of the Minister, to seek and obtain further and other information to whatever extent and from whatever sources or records, and to discuss this application and the business and affairs of the applicant with the applicant’s bankers/lenders, accountants, lawyers, and anyone else, as the Minister, or employees, agents, successor and assigns of the Minister deems necessary or considers appropriate for the purposes of this application.

Depending on the type of financial assistance being requested, the personal information collected on or pursuant to this application form is collected either under the authority of the Agricultural Development Act, SNB 2014, c. 55, s. 13, or under the authority of the Fisheries and Aquaculture Development Act, SNB 2009, c. F-15.001, s. 5, and will be used to determine eligibility for the requested financial assistance. Also, if necessary, personal and financial information collected on or pursuant to this application form will be used for the purposes of debt collection, and disclosed to third parties for that purpose.

Questions about this application form, as well as questions about the collection, use and disclosure of personal information hereunder, can be directed to Industry Financial Programs Branch of the Department of Agriculture, Aquaculture and Fisheries, in person or by mail at 1350 Regent Street, PO Box 6000, Fredericton, NB, E3B 5H1, or by phone at (506) 453-2666.

Signed this _____ day of ______________, 20____

Print name of applicant: ___________________________

Signature: ________________________________

(Date of last revisions to application form: May 2019)