



CONFIDENTIAL

**YOUTH ENTERPRISE REVOLVING FUND
(Finance and audit act No.18 of 1967, & YERF regulations, 2009)**

SIGNATURE AND LOCAL AUTHORITY FORM

	PLEASE NOTE BEFORE SUBMITTING LOAN TYPE:STARNDARD LOAN SUBMISSION TYPE: ..ONLINE APPLICATION
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1. DECLARATION BY APPLICANT

I understand that completion of this loan application and affordability assessment does not impose a responsibility on **Youth Enterprise Revolving Fund (YERF)** to grant me/us credit. I/We understand that I/we have to fully and truthfully answer any requests for information made by **YERF** as part of the assessment. I/We further understand that misrepresentation of facts will be dealt with in terms of the law and may also lead to rejection of the application. I/We confirm that the following are my/our close relatives who may be contacted by **YERF** regarding myself/ourselves and my/our credit profile, and their responses can be relied upon in making a decision whether to grant or decline the loan request. Such contact maybe telephonically, in written, emails etc. I/We further authorize **YERF** to send single of bulk short message services (SMSs) to myself/ourselves and or close relatives about the loan and or other related financial services that **YERF** has and or may have.

Please circle the language your wish to use; ENGLISH / SISWATI

Name	Relationship	Employer	Cell phone Number
1.			
2.			
3.			

I/We, the loan applicant/s hereby authorizes:

1. Youth Enterprise Revolving Fund to request and to receive, in confidentiality, all information from banks and other relevant institutions relating to loans, overdrafts extended to me/us and repayment profile thereof.
2. Banks and financial institutions with which I/We have or have had dealings, to provide all information relating to loans and overdrafts extended to me/us. Such sought information shall be treated by YERF as very confidential.

Signed by me/us thisDay of 20 In the presence of

..... (Witness's Full Names)

..... (Postal Address)

..... (Occupation of witness)

..... (Signature of witness)

.....
SIGNATURE OF APPLICANT

.....
COMPANY / COOPERATIVE STAMP



2. RECOMMENDATION AT UMPHAKATSI/ZONE LEVEL

I hereby acknowledge that the applicant is known to this Umphakatsi /Zone and is a resident under this constituency. Based on the applicant's known conduct approval of the loan application is recommended/not recommended. (please circle one)

Name & Surname: Designation..... Date:

.....
UMPHAKATSI/ZONE OFFICIAL STAMP

3. RECOMMENDATION AT INKHUNDLA LEVEL

I hereby acknowledge that the Umphakatsi/Zone..... is known to this Inkhundla and falls under this constituency. I further confirm that the stamp and signature of the Umphakatsi/Zone are authentic and known to this Inkhundla.

Name & Surname: Designation..... Date:

.....
INKHUNDLA OFFICIAL STAMP

QUALIFYING CRITERIA

Age Limit - 18-35 Years
Nationality - Swazi

LENDING LIMITS

Individual - up to E50,000.00
Company - up to E100,000.00
Cooperative - up to E150,000.00

LOAN REPAYMENT PERIOD

Seasonal term - 12 Months
Short term - 24 Months
Medium term - 36 Months

INSTRUCTIONS

1. Fill in the signature form and get a stamp from your Inkhundla and Umphakatsi.
2. Scan document and attach it on YERF online application system.
3. Visit www.yef.co.sz/application to attach the form.