SETTLEMENT INVESTMENT CORPORATION



Investing in Our Métis Settlement Members

LOAN APPLICATION Commercial

COMMERCIAL LOAN APPLICATION OUTLINE AND CRITERIA

Waiting Period

Please be advised that applications over \$50,000.00 will take approximately two to three weeks to process once all information has been received. This waiting period is required to gather all pertinent information for SIC Board submission.

Eligibility Criteria

- 1. Applicants must be a Métis Settler, or a Partnership or a Corporation in which at least 51% is owned by Métis Settlement Members.
- 2. The head office of any Corporation must be located in the Province of Alberta. Business activities may be undertaken, both on and off the Settlements and need not be limited to the Province of Alberta.
- 3. Loans must be for business purposes (Commercial). Loans of a personal nature will be deemed ineligible.
- 4. The corporation will decide on a case-by-case basis the extent of owner's equity required on a project. The minimum owner's equity required is 10% based on a cash injection on a capital purchase and collateral at a rate of 100%; however, if cash is unavailable SIC will accept equity in a form of collateral at a rate of 115%.
- 5. Maximum loan amounts for Commercial Loans is \$100,000.00

PLEASE NOTE THE FOLLOWING FEES:

- a. A \$125.00 NON-REFUNDABLE APPLICATION FEE TO BE SENT WITH THE APPLICATION. (THIS FEE MUST BE RECEIVED BEFORE ANY PROCESSING TAKE PLACE).
- b. WHEN YOUR APPLICATION IS APPROVED ALL LOANS WILL PAY A LOAN ADMINISTRATION FEE OF 1% OF TOTAL LOAN FUNDS BORROWED, MINIMUM OF \$100.00 (TO BE PAID PRIOR TO ANY LOAN FUNDS BEING DISBURSED).
- c. ADDITIONAL FEES MAY BE CHARGED IF IN THE OPINION OF THE CORPORATION THEY ARE OUTSIDE OF THE CORPORATIONS NORMAL LENDING PRACTICES.

FOR FURTHER ASSISTANCE OR INFORMATION PLEASE CONTACT: SETTLEMENT INVESTMENT CORPORATION @ 1-800-661-9902 or (780) 488-5656.

Dear Applicant:

Please utilize the following checklist to ensure that the required information is submitted with your application. This will enable the application process to be expedited in a timely manner. Should you require assistance in completing the application please contact the office on our toll-free number 1-800-661-9902 or (780) 488-5656.

SIC APPLICATION CHECKLIST

If a particular question does not apply, please insert N/A (not applicable) in the space provided at the beginning of that question. 1. Complete pages 4 to 9 of application: (if you are unable to have the membership confirmation form completed, page 4, SIC can forward it to Metis Settlement Land and Registry office to obtain confirmation). 2. \$125.00 Application fee included. 3. Company Financial Statements: If an existing Company, include the Company's financial statements, also include **Incorporation Documents** if the company is registered. 4. Business Plan: If this is a new company, please include a Business Plan or an operating plan and a projected cash flow for the first year. 5. Income Tax - previous year's personal income tax, in full and your most recent Financial Statements. 6. Bills of Sale: please provide bills of sale for the assets being pledged as Security and/or Security to be purchased for the loan. Please ensure that the serial numbers are readable for lien checks.

ALL THE ABOVE INFORMATION REQUESTED MUST BE PROVIDED BEFORE THE APPLICATION IS PROCESSED.



SETTLEMENT INVESTMENT CORPORATION

Suite 212, 10335-172 Street Edmonton, Alberta T5S 1K9 Phone (780) 488-5656 Fax (780) 488-5811 Toll Free 1-800-661-9902 Website: www.settlementinvestcorp.com Email: randya@settlementinvestcorp.com

MEMBERSHIP CONFIRMATION

Date:						
To the:	Metis Settlements Land Registry Office Phone: (780) 427-1117					
	advised that the following individual Corporation. Please confirm Sett					
Randy And General Ma						
I, (Print Name)		, (Métis Settlement Land	and Registry Clerk).			
confirm tha	t(Applicant Name)	DOB:	<u>-</u>			
and	(Co-Applicant Name)	DOB:				
is/are a Set	ttlement Member(s) of		Métis Settlement.			
Metis Settle (Signature)	ement Land Registrar Clerk					

QUESTIONNAIRE

Co-	blicant's Name:Applicant's Name:					
Loa: Date	ın Amount Requested:e Application Submitted:					
Rea	son for Loan:					
1.	Are you eighteen years of age or older		YE [ES]		IO]
2.	Are you a Métis Settler?		[]	[]
3.	Are you in good health?		[]	[]
4.	Is your business located in Alberta?		[]	[]
5.	Is your business at least 51% owned by yourself? or a Métis Settler?		[]	[]
6.	Is this a new or existing business? New Exis	ting				
7.	How much of your own funds will you be investing into the (Include confirmation of funds i.e. bank statement with ba		\$_			
8.	Are you presently employed? If so, what is your annual income?	(Please attach v	[erifi] cation from e	[employ] yer)
9.	Marital status: Married Single Widow/wido	wer	Со	mmon-la	w	
10	Is your spouse employed? If so, what is their annual income?	-	[]	[]
11	 Have you ever had financing with SIC? If yes, how many loans have you paid out and when was 	s your last pa	[ayc] out date.	[]
12	2. Repayment Term Requested: (Monthly, Quarterly, Annu	ually, etc.) \$				
13	3. Have you ever declared bankruptcy or filed a Consume	r Proposal?				
	Yes No					
	If Yes, are you discharged/ Fully Performed?					
	Yes No					

APPLICANT(S) PERSONAL INFORMATION (Required)

NAME OF APPLICANT			SETTLEMENT of RESIDENCE			
		_		_		
EMAIL			PHONE	E#(RESIDEN	ICE/CELL)	
Place of Employment	t	Duration	S	alary	Phone # (Busin	iess)
NAME OF SPOUSE		1		NUMBER OF	DEPENDANTS	
Place of Employment	t	Duration	s	alary	Phone # (Busin	iess)
	_			_		
BANKING INSTITUTION	ON	ADD	DRESS			
Account Information						
Branch #		Acc	Account #			
Describe breakdown o	f project funds and	d repaymer	nt term r	equested:		
Breakdown of Estim	nated Project Cos	sts	Expe	cted Financin	ıg	
Building Equipment Operating Expenses Other	\$ \$ \$	- - -	Owne SIC Lo Grants Other	S	stion \$ \$ \$	<u> </u>
Total	\$(_ Both totals sh	Total nould be e	·qual)	\$	_

Attach Financial Statements for existing business, or projected Income & Expenses for a 12-month period for the new business

(Cash Flow Projections should cover the term of the loan being requested).

Also provide information on experience in this area – attach copies of applicable certificates, tickets and resume.

What other lenders have been appı (Term, Amount, Rate, etc.)			t results?
Do you have any Indirect Liabilities	? (Personal & Co	ompany Guarantees, c	o-signatures) Give Details:
Describe the type of business prod	ucts, services an	d markets:	
Impact of Approved	Settlement Inv	estment Corporati	on Financing
Please indicate impact/res	•	provided on the jobs (s) in the count)	at your business
New Jobs Created	E.U.T.	Paul Time	0
Indigenous Jobs (#): Non-Indigenous Jobs (#):	Full Time	Part Time	<u>Seasonal</u>
Jobs Maintained			
	Full Time	Part Time	<u>Seasonal</u>
Indigenous Jobs (#):			
Non-indigenous Jobs (#):			
	-	pes your business op farming, store, food s	

PERSONAL FINANCIAL STATEMENT Applicant's Name: Co-Applicant's Name: Date of Birth: Date of Birth: Social Insurance Number: Social Insurance Number: Mailing Address: Mailing Address: Legal Land Description FINANCIAL STATEMENT AS AT 20 SIC Use \$ value Debt you owe Balance **Payments** Assets you own SIC LOANS Cash in bank OTHER LOANS Vehicles (Make/Year) **Equipment Credit Cards** Settlement Real Estate (Off-Settlement) Loan(s) **Settlement Land and Improvements** TOTAL DEBT **Other Assets EQUITY** RRSP, Pensions, etc. (Total Assets less total debt) **TOTAL DEBT** & EQUITY

Monthly take home pay	\$ SUNDRY PERSONAL OBLIGATIONS
Spouses take home pay	\$ Are you providing personal support for
Other Income	\$ obligations not listed above [] Yes [] No
Total Income	\$ (Please attach the details with your application)

TOTAL ASSETS

\$

SIC EQUITY

EVALUATION



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1st LOSS PAYABLE - INSURANCE CONFIRMATION

What asset(s) will you be pledging for security for the loan? Please list below:

Assets and Serial Numbers	Estimated Value
	\$ \$
	\$
	\$
	\$
	<u> </u>
The following insurance information is requ	uired for the above items pledged as Security.
Insurance Broker/Company:	Address:
Discuss #	5#
Phone #	Fax #
Policy Number(s):	
I hereby authorize SIC to obtain insura	nce confirmation listing SIC as 1 st loss payable from
my insurance company for the above n	oted assets pledged as security.
A 1: (N)	
Applicant Name (Please Print)	Co-Applicant Name (Please Print)
Applicant Signature	Co-Applicant Signature

REFERENCES: (Required)

2 Character Reference	s:	2 Credit	References:
Name	Contact Number	Name	Contact Number
Name	Contact Number	Name	Contact Number
	_	ON DECLARATION AND K AUTHORIZATION	
Applicant's Name:	Please Prin	t	
Co-Applicant's Name	e: Please Prin	t	
Operating Company	Name: Please Prin	t	
statements is to the best by SIC to determine cre purposes and not for per And: "The undersigned furthe on this application, and to any credit reporting ag And:	of my/our knowledge truedit worthiness. The processor of	ue, complete and correct and ceeds of the loan applied foold purposes." g any enquiries it deems ne sure at any time of any creat whom I/we have financial research.	
I agree to indemnify SIC otherwise arising from s		armless from any and all cl part.	aims in damages or
APPLICANT SIGNAT	URE	CO-APPLICANT SIG	INATURE
DATE:			