

## Application Form

**(To Participate on Blue Loan Scheme for BlueStar HealthCare Network Members)**

Name of Applicant \_\_\_\_\_

Name and Level of BlueStar Member Clinic \_\_\_\_\_

Address of Clinic: Region \_\_\_\_\_ Zone \_\_\_\_\_ Woreda \_\_\_\_\_

Town \_\_\_\_\_ Kebele \_\_\_\_\_ Tele. \_\_\_\_\_

P.O.Box \_\_\_\_\_ email \_\_\_\_\_

How long have you been a member of BlueStar Healthcare network? \_\_\_\_\_ Year/s

When was your BlueStar membership renewed for the last time? \_\_\_\_\_

Have you owned or rented the clinic premise? Owned  Rented

For which purpose will you use the loan (if granted)?

Capital Expenditure (e.g. adding more rooms, rehabilitation, Purchase of medical equipment etc.)

As a working capital (e.g. rent, staffing etc.)

Other (specify) \_\_\_\_\_

How much does the above investment require? \_\_\_\_\_

What percentage do you expect to cover by the loan scheme (if granted)? \_\_\_\_\_

Are you able to provide collateral if the bank requires it? Yes  No

I the undersigned applicant certify that all the information furnished by me is true and I authorize MSIE to share the information I provided above to the lending bank if it requires so.

Name of Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Stamp of the clinic

- This application must reach Marie Stopes International Ethiopia- Support Office at Addis Ababa on or before March 24,2014