



BUDGET DECLARATION

This budget is a true and correct estimate to the best of my knowledge.

I/We understand that no identifying information will be given to the Loan Assessment Committee Members.

I/we do not currently have an existing NILS loan with any NILS provider.

I/We consent to my/our personal information (including sensitive information, as that term is defined in WHGNE NILS Program's privacy policy being shared with, transferred and/or disclosed to, our affiliates and partners, including other accredited NILS providers (and their subcontractors), the National Australia Bank and Good Shepherd Microfinance, for the purposes of processing loan applications, payments and repayments and otherwise administering the NILS Program (including loan management, reporting and evaluative activities).

Name (Client 1): _____

Signature (Client 1): _____ Date: ____ / ____ / ____

Name (Client 1):

Signature (Client 2): _____ Date: ____ / ____ / ____

Witness (NILS Microfinance Worker): _____ Date: ____ / ____ / ____