

FILE CODE _____

Date _____

Signature of the responsible UPI _____

(to be completed by the CMDA representative)

**GRANT APPLICATION
For MIGRANT WORKER**

(to be completed by the applicant/recipient)

1. APPLICANT ENTREPRENEUR INFORMATION				
1.1	Full name			
1.2	Address			
1.3	Phone number			
1.4	E-mail			
1.5	Date/month/year of birth	Date _____	Month _____	Year _____
1.6	Identification Number (IDNP)			
1.7	Identity document	Series _____	No. _____	
1.8	Education	<input type="checkbox"/> secondary/incomplete secondary <input type="checkbox"/> upper secondary <input type="checkbox"/> special secondary (vocational-technical) <input type="checkbox"/> higher (bachelor's degree) <input type="checkbox"/> postgraduate (master's/doctorate) <input type="checkbox"/> specialized courses		
	Field (specialty)			
	Study period			
2. PROFESSIONAL EXPERIENCE				
2.1	Entity where you have worked	Field of activity	Position	Period

3.	APPLICANT ENTERPRISE INFORMATION <i>(to be completed if the beneficiary is a founder of an already established enterprise)</i>	
3.1	Name of the Applicant Enterprise	
	Organizational-legal form	
	Tax Code (IDNO)	
	State registration date	
	Legal address	
	Name of the bank/branch	
	Bank address	
	Bank code	
	Applicant's IBAN account	
	Phone number	
E-mail		
Website/Social media		
4.	ACTIVITY AND FINANCIAL SOURCES OBTAINED ABROAD	
4.1	Has the applicant or first-degree relative worked abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes,</i> In which country have you worked/are you working? _____ Period _____
4.2	Who is the migrant who has worked/is working abroad?	<input type="checkbox"/> the applicant; Or first-degree relative: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> daughter <input type="checkbox"/> son <input type="checkbox"/> husband <input type="checkbox"/> wife
4.3	Activity carried out abroad <i>(multiple options can be selected)</i>	<input type="checkbox"/> construction <input type="checkbox"/> agriculture <input type="checkbox"/> industry <input type="checkbox"/> trade <input type="checkbox"/> housekeeping <input type="checkbox"/> social assistance <input type="checkbox"/> services <input type="checkbox"/> other _____

4.4	Was/is the activity carried out abroad based on an employment contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes,</i> What is the validity period of the employment contract? <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> more than 2 years
4.5	What year did you return to Moldova?	
4.6	How were the financial remittances transmitted/received?	<input type="checkbox"/> bank transfer (<i>WU, Money Gram, etc.</i>) <input type="checkbox"/> bank account <input type="checkbox"/> in person (<i>customs declaration</i>) <input type="checkbox"/> other methods (<i>that can be legally confirmed/proven</i>)
4.7	Do you have supporting documents regarding the origin of the funds from remittances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No,</i> In what period of time can you submit them: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> up to 6 months
5.	INVESTMENT PROJECT DESCRIPTION	
5.1	In what field and why do you intend to launch/develop the business?	
5.2	What is the investment value of the planned project, MDL? <i>(indicate the total amount of the planned investment and the amount of funding requested)</i>	<ul style="list-style-type: none"> ● Amount of funding requested in the Program _____ ● Total project value _____

5.3 Describe what you intend to procure with the financial resources obtained from the program:

No.	Investment item	Quantity
1		
2		
3		
4		
5		
6		

7		
8		
9		
10		

6. I declare, on my own responsibility, that I have received State aid in the last 3 years:

Yes No

If Yes, please complete the following table:

No.	Year of financial support allocation	Financing institution	Program through which funding was received	Value of funding received
1				
2				
3				
4				

7. I declare, under my own responsibility, that all information in this application and the attached documents are true, and I undertake to comply with the Program's conditions.

8. I declare, under my own responsibility, that the eligible costs for which I request funding do not receive any type of subsidy/grant within other programs/subprograms, and the price of the goods requested for funding has not been increased.

9. I declare, under my own responsibility, that as of ____/____/202__¹ the enterprise "_____” has no arrears to public budgets, including: basic payments, late payment penalties, fines.

10. I give my consent to the processing of personal data by UPI.

Signature² _____

¹ Please indicate the date of form completion.

² The document is to be saved in PDF format, [electronically signed](#), and uploaded [here](#).