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| **Project Funding Loan Application** |

CONFIDENTIAL

Project Presentation and Loan Application. Please provide the following information in one unlocked word document, using the topics/headlines exactly in that order:

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| (1) Project name under which we will file and refer to your transaction. |
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| (2) Full name of Applicant / Decision maker and complete contact details |
|  |
| (3) A comprehensive project summary of max. one half page |
|  |
| (4) State funds required US Dollar Euro or British Pound Sterling |
|  |
| (5) State preferred term of the Project Funding Loan. (max. 30 years) |
|  |
| (6) An introduction summary of the company structure, project owner/initiator. |
|  |
| (7) Provide your CV data and a scanned copy of identity card/passport (copy & paste here) |
|  |
| (8) Complete existing banking details |
|  |
| (9) A proof of liquid cash equity availability 0.2% (min. US Dollar Euro or British Pound Sterling 355,000) bank letter, or bank statement screen shot, copy & paste here |
|  |

(10) As a separate document, please provide your business plan, if already available.

(11) If you have an own cash backed bank instrument of relevant size to back up your loan, please disclose full details and add as separate document to your submission with proof of ownership.

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| If this transaction is presented by a broker/consultant, or if a broker or a consultant is involved in this transaction in any way, please disclosure contractual arrangements. |
| (13) broker/consultant complete name, address and contact details: |
|  |
| (14) Existing Contractual arrangements in relation to this project: |
|  |
| (15) Place:  Date:  Signature: |

Please be assured, that all your information and documents will be treated absolutely confidential and will only be used in order to process your Project Funding Loan Application, and/or Project Funding.

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| **Confidential Client Information Summary**  In accordance with articles two (2) through five (5) of the due diligence convention and the Federal Banking Commission Circular of December 1998, concerning the prevention of money laundering, and article 305 of the Swiss Criminal Code, the following information may be supplied to banks and/or other financial institutions for the purpose of verification of identity and activities of the principal, and the nature and origin of the funds that are to be utilized. All parties have an obligation for professional discretion and to take all appropriate precautions to protect the confidentiality of the information each holds in respect of the others' activities. This legal obligation shall remain in full force and effect at all times. |

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| **SECTION 1** |  |
| NAME OF DECISION MAKER, APPLICANT |  |
| NAME OF THE COMPANY OR PROJECT |  |
| (WE WILL KEEP ALL RECORDS IN THAT NAME): |  |
|  |  |
| REPRESENTED BY THE CEO MR./MRS. |  |
| NATIONALITY |  |
| PASSPORT NUMBER |  |
| DATE OF ISSUE |  |
| DATE OF EXPIRATION |  |
| DATE OF BIRTH |  |
| PLACE OF BIRTH |  |
| SSN/IDENTITY NO. |  |
| CONTACT ADDRESS |  |
| CONTACT TELEPHONE |  |
| MOBILE TELEPHONE |  |
| FACSIMILE NO. |  |
| E-MAIL ADDRESS |  |
| OCCUPATION |  |
| BUSINESS NAME |  |
| BUSINESS ADDRESS |  |
| BUSINESS TELEPHONE |  |
| BUSINESS FACSIMILE |  |
| ADDRESS FOR LETTERS/MAIL |  |
| ADDRESS FOR COURIER |  |
| LEGAL COUNSEL |  |
| ADDRESS |  |
| TELEPHONE |  |
| EMAIL |  |
| COMPANY REGISTRATION NUMBER |  |
| BANK |  |
| ADDRESS |  |
| ACCOUNT NAME |  |
| ACCOUNT NO. |  |
| ACCT. SIGNATORY NAME |  |
| BANK OFFICER |  |
| BANK OFFICER EMAIL |  |
| BANK OFFICER TELEPHONE |  |
| BANK OFFICER FACSIMILE |  |
| SWIFT |  |
| IBAN |  |

**AFFIRMATION:**

I hereby swear under the full penalty of perjury, that the information provided herein is both true and accurate. I am in control of the assets stated above, and have signatory authority on the aforementioned bank account and have full authority to execute all contracts and agreements relating to pleading the assets for a loan. The funds are in full compliance with the Anti-Money Laundering Policies set forth by The Financial Action Task Force (FATF) 6/01.

SIGNED BY, FOR AND ON BEHALF OF HIMSELF AND THE COMPANY:

|  |  |
| --- | --- |
| Date Signed |  |
| Signed by | Ceo / The Decision Maker |
| Company Name |  |
| Address |  |
| Country |  |
| Company License No. |  |
| Represented By |  |
| Title |  |
| Email |  |
| Passport Number |  |
| Issued Place & Date |  |
| Date Of Expiry |  |
|  | Company Seal |

Please provide this document completed and duly signed in blue ink as a PDF, and the source document as an unlocked word file.

**If a Broker is involved, you need to provide full disclosure of existing Fee Arrangements.**

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|  | **SECTION 2**  **BROKER INVOLVED** | |  |
| FULL NAME AND TITLE | |  | |
| MOBL | |  | |
| EMAIL | |  | |
| SKYPE | |  | |
| **DISCLOSE EXISTING FEE ARRANGEMENTS WITH THIS BROKER** | |  | |

Section 3 is required once contracts should be issued

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|  | **SECTION 3** | |  |
|  | BROKER/PAYMASTER FOR COMMISSION DISTRIBUTION | | (The information of Section 3 is required if a broker is involved and once contracts have to be issued) |
| NATIONALITY | |  | |
| BIRTH DATE | |  | |
| PASSPORT NO. | |  | |
| BROKER HOME ADDRESS | |  | |
| BANK | |  | |
| ADDRESS | |  | |
| ACCOUNT NAME | |  | |
| ACCOUNT NO. | |  | |
| ACCT. SIGNATORY NAME | |  | |
| BANK OFFICER | |  | |
| BANK OFFICER EMAIL | |  | |
| BANK OFFICER TELEPHONE | |  | |
| BANK OFFICER FACSIMILE | |  | |
| SWIFT | |  | |
| IBAN | |  | |
| Applicant Broker, please provide Passport Copy | |  | |