Surety Funding Group Inc.

Directions: This document must be completed in full. If a line item does not pertain, then insert the term: "N/A" (non-applicable). ALL information provided herein is considered confidential and proprietary. We do not share information with other agencies except for the sole purpose of verifying the accuracy thereof.

Corporate Information Sheet

Full Name of Company:					
Name of Parent Company:					
Date of Incorporation:					
Incorporated in (City/State/Country):					
Registration Number:					
Board of Trustee (Name & Title):					
Officers (Name & Title):					
Location of Address: Registered Address (Corporation)					
Physical Address Line 1:					
Address Line 2:					
City:					
State:					
Country:					
Postal Code:					
Location of Address: Mailing Address (Corporation)					
Full Name of Corporation:					
Street Address 1					
Street Address 2					
City:					
State:					
Country:					
Postal Code:					
Telephone Number:					
Contact Information (Corporation) Administrator					
Telephone Number:					
Mobile Number:					
Email Address:					

Financial Information (Corporation)

Annual Gross Revenues of the Company:					
Liquid Assets of the Company					
Net Pre-tax Revenues:					
Total (All) Debts of the Company					
Languages / Translator					
Languages:					
Does the Signatory speak English?:					
If No, Name of Translator:					
Tel Number:					
Email Address:					
Legal Advisor					
Full Name:					
Company:					
Address:					
City:					
State:					
Country:					
Postal Code:					
Telephone Number:					
Email Address:					
	k Information (Corporate)				
" Please attach	copy of account statement from bank				
Bank Name:					
Street Address:					
City:					
Country:					
Account Name:					
Account Number:					
Sort Code ABA No.:					
SWIFT Code:					
Account Signatory (1):					
Account Signatory (12:					

Bank Officer # 1 Name:					
Official Bank Email:					
Bank Officer # 2 Name:					
Official Bank Email:					
Bank Phone (Not a cell phone.)					
Client Account where Profits to be paid:					
Bank Name:					
Street Address:					
City:					
State:					
Country:					
Postal Code:					
Account Name:					
Account Number:					
Sort Code ABA No.:					
SWIFT Code:					
Bank Officer Name:					
Telephone Number:					
Fax Number:					
Personal Information of Officer(s) of Corporation / Passport Information (Please attach copy of corporate resolutions adopted by the Board of Directors appointing and authorizing said officer(s) to represent and legally bind the corporation)					
officer(s) to represen	t and tegatty bind the corporation)				
* Please add an Addendum to Duplicate the section below for each Director.					
First Name:					
Middle Name:					
Last Name:					
Gender:					
Date of Birth:					
Social Security Number:					
Country of Citizenship:					
Languages:					

Name and Address of Accountancy Firm

	•				
Name of CPA					
Company:					
Address 1					
Address 2					
Email:					
Phone:					
Passport Information of Officers(s) of Corporation					
		each additional C-Suite corporate officer.			
*Please attach copy of photo and signature					
page of passport.					
Passport Number:					
Date of Issue:					
Date of Expiry:					
Issuing Authority:					
issuing Authority.					
Location of Address: Home-Legal Residence (Officer(s) of Corporation)					
		ch copy of utility bill)			
(r	lease alla	ch copy of utility bill)			
Full Lord Name of CEC:					
Full Legal Name of CEO:					
Street Address:					
City:					
State:					
Country:					
Postal Code:					

(Below, duplicate the section above for each Director)

Funding of Payment Guarantee Investment

Funds available for this transaction:				
Type of currency:				
Origin of funds:				
	ı			
Are these funds free and clear of all liens, en	cumbranc	es and third-party interests: Yes No		
Please explain if "no".				
Auth	horization	of Verify Information		
Aud	iorization	Tor verify information		
By your signatures affixed below you fully a	ıthorized (Surety Funding Group Inc. to utilized all governmental, private,		
1		r have provided here. This included, but is not limited to Dun &		
_	=	Transunion, Weiss Ratings, Moody's, A.M. Best, and/or any		
l .		ou pledge, to the best of your knowledge, the information you		
_		authorize Surety Funding Group Inc. to fully investigate any		
material fact stated herein for the purpos	se of asse	essing your company's suitability to participate in financial		
enhancement and financial engineered prog	grams. If, fo	or any reason, we cannot do business with your entity, a letter		
will be sent within 10 business days to s	pecify the	reason for the decision and the source of the information		
obtained. If the information obtained is erro	neous, you	u will have 90 days to correct the public or private records and		
continue the application process; otherwise,	, your file v	vill be closed without further actions.		
As Chief Executive Officer , I authorized Surety Funding Group Inc to verify this information:				
Date:	l	Signature:		
As Chief Financial Office r, I authorized Surety Funding Group Inc to verify this information:				
Date:	•	Signature:		

Please attach copies of your last 2 years of Corporate Financial Statements, including Profit & Loss Statements and Balance Sheets.