BUYER PRE-QUALIFICATION QUESTIONNAIRE

***(Must be complete 100% to be accepted)***

*email completed questionnaire with copy of corporate certificate to* [**info@theencorecompany.com**](mailto:info@theencorecompany.com)

**QUESTIONNAIRE FORMAT MUST NOT BE CHANGED , WE WILL NOT ACCEPT ANY OTHER FORMAT THAN OURS.**

1. Company registered name:
2. Trading name:
3. Company registration number:
4. Copy of Company Certificate: *(email a copy of the corporate certificate with the questionnaire)*
5. Company registered address:
6. Buyer’s name:
7. Buyer’s Corporate email:
8. Are you as the Buyer the majority stockholder in the company with at least 51% of the shares: Yes  No 
9. If you answered no to question 8, provide the names and corporate emails of the other Partners / decision makers necessary to add up to 51% of the shares of the company:

Name: Corporate email: Shares of stock %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Corporate email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shares of stock %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you as the Buyer be able to provide an RWA and SBLC MT-760 or a trusted TSA/TSR required for the trial purchase of the product:

Yes  No 

1. Is the intended purchase FOB: Yes  No
2. If you answered Yes to question 11, can you provide a trusted TSA/TSR in either Houston or Rotterdam with prior history for seller verification and acceptance: Yes  No  N/A 

FOB Product you want to buy:

Trial Quantity:

Monthly Quantity:

1. If you answered Yes to question 11, Please provide the name of the trusted tank farm any that you will be using in this transaction:

Name of Tank Farm:

1. Is the intended purchase CIF: Yes  No
2. If you answered Yes to question 14, will you be able to provide an RWA and SBLC-MT-760 with the approved verbiage that will be shared by the seller for the purchase: Yes  No  N/A 

CIF Product you want to buy:

Trial Quantity:

Monthly Quantity:

Shares of stock %:

1. Credit rating:

*(If the Buyer, ultimate holding company or any other company in the group has rating with any recognized credit rating agency please provide details)*

1. Tax information:

VAT **#:**

GST **#:**

Corporate:

*(VAT, GST, or corporate tax id number held in each jurisdiction in which the buyer operates)*

1. Contact details of key person with whom you as the Buyer want copied on the transaction correspondence: Name:

Corporate email:

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Buyer transaction coordinator information:

Name:

Corporate email:

Phone number:

1. Buyer logistics director or manager information:

Name:

Corporate email:

Phone number:

# Important Clarifications:

* + *All correspondence for the transaction must originate from corporate emails. No Gmail, Yahoo, etc. will be accepted for official documentation between Buyer and Seller.*
  + *Method of payment for logistic related items such as Injection Fees, Tank Extension or Seller Tank Extension etc. will only be accepted by an MT103/ TT.*

Please comply with the following prior to the onboarding call:

1. *Email this Questionnaire 100% filled and signed by the Buyer with a copy of the Corporate Certificate to* [*info@theencorecompany.com*](mailto:info@theencorecompany.com) *prior to the 2nd Zoom call -onboarding call.*
2. *Complete NCNDA sent by seller via DocuSign signed for the Buyer, Buyer Logistic Director, Buyer*

*Transaction coordinator and Seller mandates to sign prior to the Zoom call (onboarding call).*

1. *Have your trusted TSA with prior history ready to share for review if you are engaging in an FOB*

*transaction.*

By signing this questionnaire, you as the Buyer are confirming that you understand what is being asked of you and agree to comply with the request to engage in a transaction with the Seller.

*(This Questionnaire must be signed by the Buyer Only, no one else).*

Buyer signature: Date: / /

Name:

Title:

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

*QUESTIONNAIRE WILL NOT BE ACCEPTED IF NEXT SECTION IS LEFT BLANK*

We required that you provide us the facilitator information bellow that referred you to us:

Company:

Name:

email:

Phone number:

**END OF DOCUMENT**