

TRANSACTION ASSESSMENT FORM

DATE:				
CLIENT:				
ADDRESS:				
TELEPHONE:				
EMAIL:				
Transaction/Funding	g Description:			
COUNTRY:				
□NIGERIA		□SOUTH AFRICA		
□GHANA		\square SENEGAL		
□CAMEROON		□ Other (Please Specify):	:	
SECTOR				
□ Healthcare	\square Agriculture	□ Financial Services	□ Infrastructure	
\Box Education	□ FMCG	□ Technology	□ Telecoms	
☐ Real Estate and Construction ☐ Other (Please Specify):				
BUSINESS OVERVIEW	<u>I</u>			
YEARS OF INCORPORATION:				
□ Start-up	□ 1 – 3 years			
□ 3 - 6 years	□ 6 – 10 years			
□ Other (Please Specia	fy):			



PREFERRED CREDIT SOLUTION:	
□ Asset Finance	□ Full Business Plan
□Trade Finance	□ Convertible Debt
☐ Bridging Finance	□ Other (Please Specify):
AMOUNT:	
CURRENCY REQUIRED (If different to Finan	ice required)
□USD □ Local Currency (Please Spec	cify)
\Box GBP	
□EUR	
ESTIMATED VALUE (Currency):	
SECURITY /COLLATERAL Do you have a tangible asset(s) to offer as s	security/collateral?
□YES □ NO	
ESTIMATED VALUE (Currency):	
USE OF FUNDS (Brief explanation):	
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CURRENT CAPITAL STRUCTURE

DATE:

□ Debt on balance sheet (If checked please	specify approximate amount)			
ESTIMATED VALUE (Currency):				
☐ Equity on balance sheet (If checked pleas	e specify approximate amount):			
ESTIMATED VALUE (Currency):				
KYC DOCUMENTATION AVAILABLE ('X' al	l applicable boxes) :			
☐ 3+ years audited financial statements	☐ Year to date management Accounts			
☐ Certificate of Incorporation	☐ List of directors, passports, CVs/Bios			
☐ Full financial model	□ Full business plan			
□Company Profile	□ Shareholder register			
CERTIFIFIED BY:				
<u>AGENT</u>	<u>CLIENT</u>			
COMPANY:	COMPANY:			
NAME (Print):	NAME (Print):			
SIGNATURE:	SIGNATURE:			

DATE: