



TRANSACTION ASSESSMENT FORM

DATE:

CLIENT:

ADDRESS:

TELEPHONE:

EMAIL:

Transaction/Funding Description:

COUNTRY:

DOMINICAN REPUBLIC

CHILE

BRAZIL

PANAMA

ARGENTINA

Other (Please Specify):

SECTOR

Healthcare

Agriculture

Financial Services

Infrastructure

Education

FMCG

Technology

Telecoms

Real Estate and Construction Other (Please Specify):

BUSINESS OVERVIEW

YEARS OF INCORPORATION:

Start-up

1 – 3 years

3 - 6 years

6 – 10 years

Other (Please Specify):

PREFERRED CREDIT SOLUTION:

- | | |
|---|--|
| <input type="checkbox"/> Asset Finance | <input type="checkbox"/> Full Business Plan |
| <input type="checkbox"/> Trade Finance | <input type="checkbox"/> Convertible Debt |
| <input type="checkbox"/> Bridging Finance | <input type="checkbox"/> Other (Please Specify): |

AMOUNT:

CURRENCY REQUIRED (If different to Finance required)

- | | |
|------------------------------|--|
| <input type="checkbox"/> USD | <input type="checkbox"/> Local Currency (Please Specify) |
| <input type="checkbox"/> GBP | |
| <input type="checkbox"/> EUR | |

ESTIMATED VALUE (Currency):

SECURITY /COLLATERAL

Do you have a tangible asset(s) to offer as security/collateral ?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

ESTIMATED VALUE (Currency):

USE OF FUNDS (Brief explanation):

CURRENT CAPITAL STRUCTURE

Debt on balance sheet (If checked please specify approximate amount)

ESTIMATED VALUE (Currency):

Equity on balance sheet (If checked please specify approximate amount):

ESTIMATED VALUE (Currency):

KYC DOCUMENTATION AVAILABLE ('X' all applicable boxes) :

- | | |
|--|---|
| <input type="checkbox"/> 3+ years audited financial statements | <input type="checkbox"/> Year to date management Accounts |
| <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> List of directors, passports, CVs/Bios |
| <input type="checkbox"/> Full financial model | <input type="checkbox"/> Full business plan |
| <input type="checkbox"/> Company Profile | <input type="checkbox"/> Shareholder register |

CERTIFIED BY:

AGENT

COMPANY:

NAME (Print):

SIGNATURE:

DATE:

CLIENT

COMPANY:

NAME (Print):

SIGNATURE:

DATE: