



FINANCING ASSESSMENT FORM

Issue 2025

APKA Regulatory Requirement, Secure Forms AFAF 2025

***To be completed by the project owner, thank you.**

BUSINESS INFORMATION

Business Name	
Business Address	
Registration Number	
Business Phone Number	
Business E-mail	
Business Commencement Date	
Principal Owners	Provide list of all Shareholders: Name: Title: %:

MAJORITY SHAREHOLDER INFORMATION

Full Names	
Nationality	
Date of Birth	
Place of Birth	
Phone Number	
E-mail	
Address	

**FINANCING ASSESSMENT FORM****Issue 2025****FINANCING REQUEST INFORMATION**

Amount Requested	
Purpose of Financing	
Nature of Business	
Duration of Financing	
Name of Bank	
How many years relationship do you have with your Bank?	

BUSINESS AND ETHICAL POLICY

Our Business and Ethical Policies prohibits us from providing financing services to individuals or organisations that are involve in certain activities. In order to assist our assessment and determine your eligibility, please indicate the position of your organisation (including Parent Company, and/or subsidiaries) on the following:

ETHICAL INFORMATION**YES/NO**

Do you manufacture, use or store hazardous or toxic chemical material or waste?	
Is the business, its owners a party of any claim or lawsuit?	
Has the Business or its Owners ever declared bankruptcy?	
Is the business, its owners involved in the manufacture or trade of equipment for military operations?	
Is the business, its owners involved in Biotechnology or the development of genetically modified organism?	
Is the business, its owners involved in any activity related to animal fur trade?	

If you answered YES to any of the questions above, please provide further details



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REQUIRED DOCUMENTS

Please attach the following documents (CHECKLIST)

1. Copy of valid ID (Government Issued)
2. Business plan or Pitch deck
3. Proof of Residential or Business Address
4. Business Registration Documents
5. Licenses or Permissions
6. Financial Documents

DECLARATION & SIGNATURE

I hereby declare with full corporate and/or personal responsibility under penalty of perjury that the information given above is accurate and true.

NAME:

DESIGNATION:

DATE & PLACE:

SIGNATURE:

Arzya Principle Knowledge Advisory will use the information you have provided to assess your eligibility for funding and to provide the services you have requested from us.

Arzya Principle Knowledge Advisory will undertake the administration of those services (including carrying out investment risk assessment) for the purpose of processing and facilitating your financing request application: to comply with our obligations under the law and to comply with our reporting and auditing requirements.