## DOCUMENTATION ENCLOSED

# \*\*\* CORPORATE ENTRY \*\*\*

DATE:

TO: Investment Authority

RE: Request for a Bank Guarantee

- CLIENT INFORMATION SHEET
- CORPORATE RESOLUTION
- LETTER OF INTENT
- SOURCE OF FUNDS AFFIDAVIT
- AUTHORIZATION TO VERIFY FUNDS
- CONFIRMATION OF BANK OFFICER
- LETTER OF NON-SOLICITATION & REQUEST
- PASSPORT(S)
- PROOF OF FUNDS ATTACHMENTS (IF NEEDED)
  - LETTER OF LIAISON AND COMMUNICATIONS AUTHORITY

E-mail, facsimile copies or photocopies of documents or agreements pertaining to this subject are declared and regarded as valid and equal to the original, provided they are represented by proper signatories. Originals may be required upon request.

APPLICANT INITIALS \_\_\_\_\_

## **CLIENT INFORMATION SHEET**

Directions: This document must be completed in full. If a line item does not pertain then insert the term: "N/A" (non-applicable).

# Corporate Information Full Name of Corporation: Date of Incorporation:

Incorporated in (City/State/Country):

Registration Number:

Board of Directors (Name & Title):

Officers (Name & Title):

Shareholders (List all shareholders owning more than 5 % of all outstanding shares of Corporation):

Location of Address: Registered Address (Corporation)

Full Name of Corporation:	
Street Address:	
City:	
State:	
Country:	
Postal Code:	

Location of Address: Mailing Address (Corporation)

Full Name of Corporation: Street Address: City:

State: Country: Postal Code:

**Contact Information (Corporation)** 

Telephone Number: Fax Number: Mobile Number: Email Address:

# Financial Information (Corporation)

Annual Income of Corporation:
Liquid Assets of Corporation:
Net Worth of Corporation:
Investment Experience (in years) of Corporation:
(,,,,
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:
Fax Number:
Email Address:
Bank Information (Corporate)
* Please attach copy of account statement from bank
Bank Name (where funds are currently on deposit):
Street Address:
City:
State:
Country:
Postal Code:
Account Name:
Account Number:
Sort Code ABA No.:
SWIFT Code:
Account Signatory (1):
Account Signatory (2):

Bank Officer # 1 Name: Bank Officer # 2 Name: Telephone Number: Fax Number:
Client Account where Financial Instrument is to be delivered
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) * Duplicate the section below for each Director.
First Name: Middle Name: Last Name: Gender: Date of Birth: Social Security Number: Country of Citizenship: Languages:
Passport Information of Officers(s) of Corporation *Please attach copy of photo and signature page of passport
Passport Number: Date of Issue: Date of Expiry:

Issuing Authority:
Location of Address: Home-Legal Residence (Officer(s) of Corporation) (Please attach copy of utility bill)
Full Name of Officer: Street Address: City: State: Country: Postal Code:
(Below, duplicate the section above for each Director)
Fund Availability for Payments
Funds available for this transaction:
Type of currency:
Origin of funds:
Are these funds free and clear of all liens, encumbrances and third party interests:
I, (NAME), hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date:  For and on behalf of (NAME OF COMPANY)
Signature: SEAL OF COMPANY
Name / Title: Company: Passport Number: Date of Issue: Date of Expiry: Country of Issuance:
APPLICANT INITIALS Page 5

## CORPORATE RESOLUTION

### TRANSACTION CODE:

All of the directors of **(COMPANY NAME)** below listed were in attendance, in person or by telephone conference. General discussion was then held concerning the issue, and all aspects of the same, were fully explained in detail to the satisfaction of the board members.

DIRECTOR Name/Title:
Passport No.:

DIRECTOR Name/Title:
Passport No.:

DIRECTOR Name/Title:
Passport No.:

SECRETARY Name/Title:
Passport No.:

The Board of Directors of (COMPANY NAME) an International Business Company incorporated on (DATE) in (LOCATION) in (COUNTRY), with Registered Offices at (ADDRESS) in a meeting held on this the (Day) Day of (MONTH), (YEAR), adopted the following resolutions.

## **RESOLUTION 1:**

It is resolved that the Board of Directors of (COMPANY NAME) hereby authorizes: (NAME) holder of Passport Number (NUMBER) issued on (DATE).

As our Managing Member, as the (President-CEO, etc...) who assigned authority, on our behalf stay and name, to instruct, negotiate, arrange, monitor, execute, manage and sign any and all agreements and/or necessary contracts with third parties pertinent to all financial transactions with bank instruments (securities/derivatives)

## **RESOLUTION 2:**

It is resolved that at this meeting of the Board of Directors that our Managing Member and in fact (NAME) acts for (COMPANY NAME) with regards to the afore said financial investment.

#### **RESOLUTION 3:**

It is resolved that **(NAME)** is hereby authorized to act as our Financial Director for afore said purpose.

APPLI	CANT	INITIALS	

### **RESOLUTION 4:**

It is resolved the Board of Directors of (COMPANY NAME) hereby authorized (NAME) to assume all authority, powers, duties, signatory rights and responsibilities on our behalf.

## **RESOLUTION 5:**

It is resolved that **(NAME)** is hereby authorized to open a personal, corporate, trading, trust and/or custodial account in any bank, domestic or foreign and to sign such resolutions as may be required by such bank to accomplish the objective(s) as stated herein and to give irrevocable instructions to said bank(s) on our behalf.

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: June 26, 2013

For and on behalf of (NAME OF COMPANY)

Signature:	SEAL OF COMPANY
Name / Title: Company: Passport Number: Date of Issue: Date of Expiry: Country of Issuance:	
Signature:	
Name / Title: SECRETARY Company: Passport Number: Date of Issue: Date of Expiry: Country of Issuance:	

# LETTER OF INTENT

APPLIC	NT INITIALS Page 8
Signatu	e: SEAL OF COMPANY
For and	on behalf of (NAME OF COMPANY)
•	E), hereby swear under penalty of perjury, that the information provided herein is and true as of this date:
are dec	acsimile copies or photocopies of documents or agreements pertaining to this subject ared and regarded as valid and equal to the original, provided they are represented by ignatories. Originals may be obtained upon request.
I am pro	pared to instruct my bank to act upon the funds as required pursuant to the specifics of gram.
working deeme	n and acknowledge, with full responsibility, that neither your company nor anyone on your behalf has solicited me; that the documents that I shall receive shall not be to be a solicitation of funds; and, that I am approaching you voluntarily for the purpose ing participation in a bona fide Secure Bank Guarantee.
any lev evidence establis confirm and co	more, I hereby warrant and represent that I have available for payment, the sum of Million) United States Dollars (\$USD) of clean, clear funds, free of liens or encumbrances and of non-criminal origin, and herewith attach documentary of same. I hereby warrant and represent that the Rule of Full-disclosure has need these funds were legally obtained from non-criminal business or actions. I further that I am the beneficial owner of these cash funds, that I have full signatory authority trol thereof, and that such funds are available for immediate payment against the of the BG at my sole discretion.
agreem	E), the undersigned, hereby confirm under penalty of perjury, my full commitment and ent to participate in an opportunity, subject to my acceptance of the terms, conditions cedures that shall be outlined in the Credit Facility Program.
Dear Si	
TRANSA	CTION CODE:
	Request for a Bank Guarantee
DATE: TO:	nvestment Authority

Name / Title: Company: Passport Number: Date of Issue: Date of Expiry: Country of Issuance:		

# SOURCE OF FUNDS AFFIDAVIT

	Page 10
For and on behalf of	(NAME OF COMPANY)
I, (NAME), hereby saccurate and true as	wear under penalty of perjury, that the information provided herein is of this date:
are declared and reg	ies or photocopies of documents or agreements pertaining to this subject garded as valid and equal to the original, provided they are represented by Driginals may be obtained upon request.
cause the non-valid and/or assignees, in and/or criminal in na	nentic and verifiable. I am not aware of any matter which could or might ation of these funds and I hereby indemnify the Investment Authority termediaries, or other parties involved, against any claims, demands, civiliture, and liabilities, damages, or expenses including without limitation any may arise, whether in whole or in part, caused by reason of reliance upor in.
·	lete, legal ownership of, and the unrestricted right and authority to pledge these funds. The funds are ready for transfer or release upon my
clean, cleared fund	ese funds are current and valid currency lawfully obtained and constitutes of legitimate, non-criminal, commercial origin. There are no liens ns or encumbrances of any kind against these funds.
the International Co Dollars (\$	nder penalty of perjury and with full personal and legal responsibility under urt of Law that I legally hold the sum of ( Million) United States USD) and it is deposited in Account No (ACCOUNT NUMBER) at (), located at (ADDRESS OF BANK).
•	(COUNTRY) Passport No. (NUMBER), duly authorized and full legally tor for and on behalf of (NAME OF COMPANY), do solemnly swear/attestents to be true.
Dear Sir,	
TRANSACTION CODE	:
DATE: TO: Investment A RE: Request for a	uthority Bank Guarantee

Signature:	SEAL OF COMPANY
Name / Title: Company: Passport Number: Date of Issue: Date of Expiry: Country of Issuance:	
(THIS DOCUMENT MUST BE NOTARIZED)  NOTARY:	

# **AUTHORIZATION TO VERIFY FUNDS**

DATE:
TO: Investment Authority
RE: Request for a Bank Guarantee
TRANSACTION CODE:
Know all men, by these that I, (NAME), at the address shown above, give you clear notice that you have my direct permission and full authority to do all matters necessary to confirm, verify, and authenticate my beneficially owned cash funds and/or application asset(s) and its associated good standing account status, in an amount of (
Cash Amount: (\$00 USD)  Bank Name: (NAME OF THE BANK),  Bank Address: (ADDRESS OF BANK)  Account Name: (ACCOUNT NAME)  Account Number: (ACCOUNT NUMBER)  Account Signatory: (ACCOUNT SIGNATORY)  Bank Officer & Title: (BANK OFFICER / TITLE)
COPY OF THIS AUTHORIZATION WILL BE LODGED AND PRESENTED TO MY BANK OFFICER.
In witness hereof I, (NAME), hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date:
For and on behalf of (NAME OF COMPANY)
Signature: SEAL OF COMPANY
Name / Title: Company: Passport Number:
C.C.: (NAME OF BANK AND BANK OFFICER)

# LETTER OF CONFIRMATION OF BANK OFFICER

DATE: TO: RE:	Investment Authority Request for a Bank Guarante	ee
TRANS	ACTION CODE:	
Dear S	ir,	
represe with fu	entative director for and on lull legal responsibility, that E OF THE BANK), located at (A	assport No. (NUMBER), duly authorized and full legally behalf of (NAME OF COMPANY), do solemnly swear/attes the following named person is my actual bank officer a ADDRESS OF BANK), who will be available to cooperate with lowing referenced bank account:
	Name Bank Officer & Title: Bank Officer Telephone: Account Number:	(BANK OFFICER / TITLE) (BANK OFFICER TELEPHONE) (ACCOUNT NUMBER)
that th		nalty of perjury, that I AM THE SIGNATORY of the account pany, and the information provided herein is accurate and
For and	d on behalf of (NAME OF CON	MPANY)
Signatı	ure:	SEAL OF COMPANY
Date o		

# LETTER OF NON-SOLICITATION & REQUEST

DATE:		
TO:	Investment Authority	
RE:	Request for a Bank Guarantee	
TRANS	SACTION CODE:	
Dear S	iir,	
specification of pertransa United the sa the comparties or oth governmutua not into	ME), the undersigned, hereby confirm that I had confidential information and documentation am fully aware of the information received from not in any way considered or intended to be of offering, and is intended for our general known in any way that you have not solicited in any way ction is strictly one of private placement, and it is strictly one of private placement, and it is strictly one of 1933, as amended or le of securities. That affiant makes this affidate on the intended in a security of any agrees to indemnify and is a concluding intermediaries and including intermediaries and institution, governing authority or it is institution, governing authority or it is insider of any such entity. Further, I here is insider of any such entity. Further, I here is insider of the general public, and all materials it is done behalf of (NAME OF COMPANY)	on behalf of ourselves. I hereby declared you is in direct response to my request a solicitation of funds of any sort, or any viedge only. I hereby affirm under penalty by. I understand that the contemplated is in no way relying on or related to the related regulations, and does not involve it knowing that the recipients will rely or hold-harmless all recipients and all other did all claims resulting from any applicant set value or any act (legal or not) of a bank agency, the Federal Reserve or an officially declare we are not licensed brokers of their are you or your organization. We can is exempt from the Securities Act, and
Signat	ure:	SEAL OF COMPANY
Name Compa Passpo Date o	/ Title:	

## **PASSPORT**

PROVIDE COLOR COPY ENLARGED (140%) TO THIS SIZE (8½ X 11 INCHES). PICTURE MUST BE CLEAR AND NOT DARK. ENLARGE & LIGHTEN (USING PHOTO SETTING). COLOR SCAN THE PASSPORT INTO YOUR COMPUTER AT A HIGH RESOLUTION IN THE JPEG FORMAT AND INSERT.

## PROOF OF FUNDS

## CURRENT BANK STATEMENT

CURRENT BANK STATEMENT OR RECENT FIVE (5) DAYS TEAR SHEET IS THE REQUESTED ACCEPTABLE PROOF OF FUNDS. BCL, BANK LETTERS SIGNED BY BANK OFFICER(S), CERTIFICATE OF ACCOUNT OR CONFIRMATION OF FUNDS MAY BE INCLUDED AS SUPPLEMENTAL BANKING. KINDLY INCLUDE UN-SANITIZED CURRENT BANK STATEMENT OR TEAR SHEET WITH YOUR SUBMISSION. TRANSMIT HIGH-QUALITY, COLOR SCANS OF REAL DOCUMENTS. THANK YOU.

# LETTER OF LIAISON AND COMMUNICATIONS AUTHORITY

DATE: TO: RE:	Investment Authority Request for a Bank Guarantee	
TRANS	SACTION CODE:	
Dear S	iir,	
represe (TRAN details primar commi	ME), bearing (COUNTRY) Passport No. (NU- entative director for and on behalf of (NU- SLATOR NAME), bearing (COUNTRY) Passport of to act as my official liaison in such matters ry contact to coordinate communication and unication regarding the above transaction as later. Copy of corresponding passport has been	AME OF COMPANY), hereby authorized No. (NUMBER) having the below contact to carry out the duty and responsibility as receive copy of all written and telephonic do not speak English and he is my official
	Name of Translator: (TRANSLATOR NAME) Telephone Number: (TRANSLATOR TELEPHONE Email Address: (TRANSLATOR EMAIL) Address: (TRANSLATOR ADDRESS)	IE NUMBER)
-	ME), hereby swear under penalty of perjury te and true as of this date:	that the information provided herein is
For an	d on behalf of (NAME OF COMPANY)	
Signatı	ure:	SEAL OF COMPANY
Compa Passpo Date o Date o	/ Title: any: ort Number: of Issue: of Expiry: ry of Issuance:	

"Accepted and agreed without change (Electronic signature is valid and accepted as hand signature)"

## **EDT ( ELECTRONIC DOCUMENT TRANSMISSIONS)**

1. EDT (Electronic document transmissions) shall be deemed valid and enforceable in respect of any provisions of this Contract. As applicable, this agreement shall be:- Incorporate U.S. Public Law 106-229, "Electronic Signatures in Global & National Commerce Act" or such other applicable law conforming to the UNCITRAL Model Law on Electronic Signatures (2001) 2. ELECTRONIC COMMERCE AGREEMENT (ECE/TRADE/257, Geneva, May 2000) adopted by the United Nations Centre for Trade Facilitation and Electronic Business (UN/CEFACT).

EDT documents shall be subject to European Community Directive No. 95/46/EEC, as applicable. Either Party may request hard copy of any document that has been previously transmitted by electronic means provided, however, that any such request shall in no manner delay the parties from performing their respective obligations and duties under EDT instruments.