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.
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: ______________________________

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

DATE:
TO:    Investment Authority
RE:    Request for a Bank Guarantee

TRANSACTION CODE:

Dear Sir,

I, (NAME), the undersigned, hereby confirm under penalty of perjury, my full commitment and agreement to participate in an opportunity, subject to my acceptance of the terms, conditions and procedures that shall be outlined in the Credit Facility Program.

Furthermore, 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 any levy, liens or encumbrances and of non-criminal origin, and herewith attach documentary evidence of same. I hereby warrant and represent that the Rule of Full-disclosure has established these funds were legally obtained from non-criminal business or actions. I further confirm that I am the beneficial owner of these cash funds, that I have full signatory authority and control thereof, and that such funds are available for immediate payment against the delivery of the BG at my sole discretion.

I confirm and acknowledge, with full responsibility, that neither your company nor anyone working on your behalf has solicited me; that the documents that I shall receive shall not be deemed to be a solicitation of funds; and, that I am approaching you voluntarily for the purpose of securing participation in a bona fide Secure Bank Guarantee.

I am prepared to instruct my bank to act upon the funds as required pursuant to the specifics of this program.

Email, 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 obtained upon request.

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

APPLICANT INITIALS ___________
Name / Title:
Company:
Passport Number:
Date of Issue:
Date of Expiry:
Country of Issuance:
SOURCE OF FUNDS AFFIDAVIT

DATE:
TO: Investment Authority
RE: Request for a Bank Guarantee

TRANSACTION CODE:

Dear Sir,

I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), duly authorized and full legally representative director for and on behalf of (NAME OF COMPANY), do solemnly swear/attest the following statements to be true.

I, (NAME), declare under penalty of perjury and with full personal and legal responsibility under the International Court of Law that I legally hold the sum of (________ Million) United States Dollars ($_______________ USD) and it is deposited in Account No (ACCOUNT NUMBER) at (NAME OF THE BANK), located at (ADDRESS OF BANK).

I further declare these funds are current and valid currency lawfully obtained and constitute clean, cleared funds of legitimate, non-criminal, commercial origin. There are no liens, contractual obligations or encumbrances of any kind against these funds.

I have full and complete, legal ownership of, and the unrestricted right and authority to pledge or otherwise utilize these funds. The funds are ready for transfer or release upon my instruction.

These funds are authentic and verifiable. I am not aware of any matter which could or might cause the non-validation of these funds and I hereby indemnify the Investment Authority and/or assignees, intermediaries, or other parties involved, against any claims, demands, civil and/or criminal in nature, and liabilities, damages, or expenses including without limitation any attorney’s fees which may arise, whether in whole or in part, caused by reason of reliance upon this sworn declaration.

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 obtained upon request.

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: ________________________________

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 (__________________ Million) United States Dollars ($__________________ USD) on a bank to bank basis. The below stated beneficially owned account is of good, clean, and cleared cash funds obtained via legal means, and is currently available at the bank coordinates below:

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: Investment Authority
RE: Request for a Bank Guarantee

TRANSACTION CODE:

Dear Sir,

I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), duly authorized and full legally representative director for and on behalf of (NAME OF COMPANY), do solemnly swear/attest with full legal responsibility, that the following named person is my actual bank officer at (NAME OF THE BANK), located at (ADDRESS OF BANK), who will be available to cooperate with the Investment Authority for the following referenced bank account:

- Name Bank Officer & Title: (BANK OFFICER / TITLE)
- Bank Officer Telephone: (BANK OFFICER TELEPHONE)
- Account Number: (ACCOUNT NUMBER)

I, (NAME), hereby swear under penalty of perjury, that I AM THE SIGNATORY of the account, that the funds belong to our company, and 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:
LETTER OF NON-SOLICITATION & REQUEST

DATE:
TO: Investment Authority
RE: Request for a Bank Guarantee

TRANSACTION CODE:

Dear Sir,

I, (NAME), the undersigned, hereby confirm that I have requested of you and your organization specific confidential information and documentation on behalf of ourselves. I hereby declare that I am fully aware of the information received from you is in direct response to my request, and is not in any way considered or intended to be a solicitation of funds of any sort, or any type of offering, and is intended for our general knowledge only. I hereby affirm under penalty of perjury that you have not solicited in any way. I understand that the contemplated transaction is strictly one of private placement, and is in no way relying on or related to the United States Securities Act of 1933, as amended or related regulations, and does not involve the sale of securities. That affiant makes this affidavit knowing that the recipients will rely on the contents hereof, and agrees to indemnify and hold-harmless all recipients and all other parties -- including intermediaries -- against any and all claims resulting from any applicant misrepresentation of a material fact or any loss of asset value or any act (legal or not) of a bank or other financial institution, governing authority or agency, the Federal Reserve or an official or other insider of any such entity. Further, I hereby declare we are not licensed brokers or government employees, and understand that neither are you or your organization. We mutually agree that this private placement transaction is exempt from the Securities Act, and not intended for the general public, and all materials are for private use only.

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:
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:  Investment Authority
RE:  Request for a Bank Guarantee

TRANSACTION CODE:

Dear Sir,

I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), duly authorized and full legally representative director for and on behalf of (NAME OF COMPANY), hereby authorize (TRANSLATOR NAME), bearing (COUNTRY) Passport No. (NUMBER) having the below contact details, to act as my official liaison in such matters to carry out the duty and responsibility as primary contact to coordinate communication and receive copy of all written and telephonic communication regarding the above transaction as I do not speak English and he is my official translator. Copy of corresponding passport has been included.

  Name of Translator: (TRANSLATOR NAME)
  Telephone Number: (TRANSLATOR TELEPHONE NUMBER)
  Email Address: (TRANSLATOR EMAIL)
  Address: (TRANSLATOR ADDRESS)

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:
“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)

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.