

QUICK FACTS FORM

ALL FIELDS MUST BE COMPLETED

1. APPLICANT & PROJECT			
NAME OF PROJECT			
NAME OF APPLICANT COMPANY			
COMPANY REGISTRATION NO			
INDUSTRY SECTOR			
REGISTERED ADDRESS			
TEL NO		FAX NO	
CONTACT NAME		MOBILE	
DESIGNATION		E-MAIL	
		SKYPE ID	
PROJECT/ASSET LOCATION			
PROJECT GPS COORDINATES			
TOWN/CITY		COUNTRY	
2. DESCRIPTION OF PROJECT			
<i>PLEASE DESCRIBE YOUR PROJECT IN 5-6 SENTENCES. PLEASE REFRAIN FROM REFERRING TO EXEC. SUMMARY OR BP.</i>			
3. SWOT ANALYSIS			
<i>PLEASE PROVIDE ONLY WORDS, NO SENTENCES</i>			
STRENGTHS			
WEAKNESSES			
OPPORTUNITIES			
THREATS			
4. INVESTMENT REQUIRED & SECURITY AVAILABLE			
INVESTMENT REQUIRED (IN USD/EUR)			
AMOUNT OF EQUITY AVAILABLE & CONTRIBUTED INCLUDING LAND			
ESTIMATED AMOUNT OF APPLICANTS FREE CASH AVAILABLE			
ESTIMATED MARKET VALUE OF APPLICANT'S FREE CURRENT ASSETS			
APPLICANT COMPANY'S SHARE CAPITAL			
PROJECT EXECUTION / CONSTRUCTION PERIOD			
LIST ALL PERMITS, LICENSES AND GOVERNMENT APPROVALS OBTAINED			
ANY OFF-TAKE AGREEMENTS			
TOTAL PROJECT COST			
5. COMPANY HISTORY			
IS THIS A GREEN OR BROWN FIELD PROJECT?			
IF BROWN FIELDS, PLEASE SUPPLY INFORMATION BELOW.			

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YEAR	SALES TURNOVER \$/€	NETT - PROFIT/LOSS - \$/€			
2011					
2012					
2013 (TILL DATE)					
6. PROJECT SCHEDULE					
ANTICIPATED START DATE		ANTICIPATED COMPLETION DATE			
REQUIRED FUNDING SCHEDULE (AMOUNT REQUIRED EACH YEAR)					
START	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PROJECT RETURNS					
START	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
EBITA %					
PROFIT / LOSS (P&L) FORECAST FROM START DATE					
START	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
NETT P & L					
6. ENCLOSURES					
a) PLEASE SUPPLY FULL EXECUTIVE SUMMARY					
b) PLEASE SUPPLY FULL FINANCIAL MODEL					
c) PLEASE PROVIDE DETAILED BUSINESS PLAN AND OR FEASIBILITY STUDY					
6. FIDUCIARY AGENT (OFFICE USE)					
a) COMMENTS ABOUT THE SHAREHOLDERS					
b) COMMENTS ABOUT THE PROJECT					
c) COMMENTS ABOUT THE INDUSTRY					

I, <CLIENT NAME>, HEREBY DECLARE WITH FULL PERSONAL AND CORPORATE RESPONSIBILITY UNDER PENALTY OF PERJURY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND TRUE.

FOR AND ON BEHALF OF (NAME OF COMPANY)

SIGNATURE: _____

SEAL OF COMPANY

NAME / TITLE:	DATE OF ISSUE:
COMPANY:	DATE OF EXPIRY:
PASSPORT NUMBER:	COUNTRY OF ISSUANCE: