



SWACOFF PROJECTS FINANCING FORM (QUICK FACT FORM)

QUICK FACT FORM TO ASSIST YOU IN THE PROCESS.

PLEASE: ALL FIELDS MUST BE COMPLETED.

1. APPLICANT & PROJECT			
NAME OF PROJECT			
NAME OF APPLICANT COMPANY			
COMPANY REGISTRATION NO			
INDUSTRY SECTOR			
REGISTERED ADDRESS			
TEL N°		FAX N°	
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 - \$/€
2020		
2021		
2022		

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

PLEASE SUPPLY FULL EXECUTIVE SUMMARY PLEASE SUPPLY FULL FINANCIAL MODEL EPC+FINANCE TO BOOT PLEASE PROVIDE DETAILED BUSINESS PLAN AND OR FEASIBILITY STUDY

6. GOVERNMENT BENEFICIARY (OFFICE USE)

COMMENTS ABOUT THE SHAREHOLDERS
COMMENTS ABOUT THE PROJECT
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:	