



CIF FORM

Please fill in the project information requested below for our exclusive and confidential use in assessing your project and in determining our best means of cooperation and that of our Lenders. There is no obligation on your part in submitting this information.

Page One of Two Pages

1. Client Full Name:	
2. Client Full Company Name:	
3. Client Full Mailing Address:	
4. Client Direct Contact Person / Title	
5. Client Direct Telephone :	
6. Client Direct Facsimile:	
7. Client Email Address:	
8. Client Website Address:	
9. Client Nature of the Business:	
10. Client Full Project Name:	
11. Client Actual Project Location:	
12. Amount Requested in \$USD	
13. What is your Preferred Term of borrowing in Years	
14. What is the Purpose of Financing	
15. Is this your first time you are seeking finance for this project	[] Yes [] No (Please tick the appropriate box)
16. How long have you been seeking finance for this project:	
17. Are you engaged with other funding sources at this time:	[] Yes [] No (Please tick the appropriate box)
18. If Yes to (17) above then please provide full details and name of those your dealing with and clearly state your present stage of developments with them:	
19. What is the total expenditure (funds invested by you) to date which you have incurred so far for this project development?	US\$
<i>What are the matters covered in 19., above: (Studies, land acquisition, tests, surveys, etc)</i> _____ _____ _____	
20. Although not required in most cases, we need to know shareholders' -owner's personal willingness to issue "personal guarantees". Are you willing to provide personal guarantees?	[] Yes [] No

