



INITIAL SUBMISSION FORM
2017

Project Name:	
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Applicant's Name (Company):	
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Address: City, State, Zip Code	
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Contact Person:	
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Job Title:	
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Contact Number (Office & Cell)	
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Email:	
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Location of Project:	
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Country:	
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Project Description and duration of project implementation in brief (2 or 3 sentences or more):

Amount of Funding Required: (minimum \$USD 30 Million)	
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Legal Status of applicant: (partnership/corporation etc):	
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Year & Place of Incorporation:	
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Project Cost, Applicant's Contribution, Funding Required. (\$USD millions)

Item	Project Cost	Applicant's Contribution	Funding Requirement
	(a)	(b)	(c) = (a) - (b)
1. Preliminary & Operative Costs <i>Pre-</i>			
Capital Expenditure:	*****	*****	*****
Land & Buildings			
Plant & Equipment			
Motor Vehicles			
Office Equipment, fixtures, furnishings and fittings			
Other (specify)			
2. Total Capital Expenditure:			
3. Working Capital			
4. Contingencies			
Grand Totals 1 + 2 + 3 + 4			

Funding Structure Desired: 1) Debt 2) Equity or Debit & Equity 3) Other (specify which)

Term of Loan and Grace Period requested

and/or

Proposed terms for Equity Investor:	a) Shareholding (%age): b) Annual Dividends: c) Premium of Agreed Exit: d) Other (specify):
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Collateral & Guarantees (other than personal) available:

Type	Immediately (<u>now</u>)	Following Implementation of project
Land & Buildings at cost		
Other Fixed Assets		
Total Assets		
Investments		
Guarantees (Specify)		
Total		

* Delete as applicable below

15420 CAGNEY COURT – WOODBRIDGE-VIRGINIA 22193

Business Client Relations/Processing Department: Phone (703) 838-6020 or (888) 672-3010

Fax (703) 878-9255

Email: processing@diversifiedfinancialservicescorp.net



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Are all official licenses, permissions, etc. in place for the Project? YES / NO	
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Is there a full Business Plan available to support the Application? YES / NO	
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Any Adverse History or Outstanding Litigation against Applicant or Officers?

Operating History of the Applicant (\$ USD millions):

YEAR	2014	2015	2016
Gross Revenues			
EBITDA			
Interest			
Depreciation			
Profit Before Tax			
Profit After Tax			
Cash Flow from Operations			
Net Worth			
Total Liabilities			

Financial Projections for the Project (\$USD millions)

YEAR	1	2	3	4	5
Gross Revenues					
EBITDA					
Profit (loss) before tax					
Profit (loss) after tax					
Interest					
Repayments					
Net Assets					
ROI%					
DSCR%					

Main Bankers:	
(a) Name & Address:	
(b) Officer dealing with your Account:	
(c) Are you in good standings/relationship with your bankers? *Yes/No*	
(d) If the answer to (c) is "No", please elaborate:	

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Which other parties have been approached regarding this Application and with what result?	
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Is the applicant prepared to meet lender's reasonable cost of due diligence See attached notes. (type Yes / No)	
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Is the applicant prepared to meet INVESTOR'S engagement/processing fee? (type Yes / No)	
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Why are you using our services instead of your own corporate/personal banking contacts?	
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How did you hear of our services?	
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FORM SUBMITTED BY (name):	
DATE:	

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