



## CLIENT INTAKE INQUIRY FORM

**ATTENTION : TO : IIB INVESTMENT COMMITTEE.**

### **PROJECT OWNER OFFICIAL REQUEST TO IIB FOR EVALUATION PROCESS BY IIB INVESTMENT COMMITTEE.**

Applicants must complete **ALL** sections of the form in order for the application to be processed. Email to [Info@iibdevelopmentgroup.com](mailto:Info@iibdevelopmentgroup.com) Attn: Carolina Mateos. We conduct a thorough Due Diligence on all Applications to Verify you meet our High Standards for Consideration of Acceptance. Submission of this application does not guarantee acceptance.

#### **1.CLIENT COMPANY INFORMATION**

Name of Company	
Name of Owner	
Type of Business Conducted	
Business Address	
Telephone & Fax Number	
Email	
Country	

#### **2.PROGRAM CONFIRMATION**

I would like to apply for enrolment and acceptance into the following selected program:

- Monetized Owned Instrument with a value of \$\_\_\_\_\_ Million**  
 **Monetized Leased Instrument with a value of \$\_\_\_\_\_ Million**  
 **Trading Owned Instrument with a value of \$\_\_\_\_\_ Million**  
 **Trading Leased Instrument with a value of \$\_\_\_\_\_ Million**

The Instrument is a  BG /  SBLC /  MTN /  LTN /  CASH  BLOCKED FUNDS...

The Instrument Currency is  Euro /  USD /  GBP /  Other \_\_\_\_\_ Specify

The Instrument Issuing Banks Name is: \_\_\_\_\_ Bank Country: \_\_\_\_\_

The Date the Instrument was issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ and Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you the owner of the instrument?

Can we talk the owner of the instrument for authentication?

**You must send to us a copy of the instrument that you have (SBLC. RWA, Bank Statement if any) and CIS, together with this application. IIB will review and issue a contract within 72hours, if the application is approved.**

#### **3.REFERRING BROKER [IF APPLICABLE]**

The following persons are recognized as our Referring Agent(s):

Referring Broker Name	
Referring Broker Email & Phone #	
<b>All consultants/Brokers have 5% commissions paid out from each funds disbursements.</b>	

#### **4.USE OF FUNDS**

Provide a detailed description of how you will be using the funds – be as detailed as possible.

#### **5.SERVICE REQUESTED/ THIS IS A NON- RECOURSE FUNDING**

- 1. Your Expectation Monthly payment?**
- 2. Your Expectation LTV?**
- 3. Your Expectation number of months?**
- 4. Tell us what you want so we can evaluate your needs to meet your expectation?**

Company name:

Name /Title:

Signature

Date