

REGISTERED ADDRESS

INTRAGEN CAPITAL LTD, OFFICE 1002,
182-184 HIGH STREET NORTH,
EAST HAM, LONDON - E6 2JA. UK

CONTACT DETAILS

EMAIL: info@intragencapital.com
WHATSAPP: +44 7418328956
WEBSITE: www.intragencapital.com

INVESTMENT APPLICATION FORM – DEBT LOAN

Instructions for use:

- In accordance with Articles two (2) through five (5) of the Due Diligence Convention and the Federal Marketing Commission Circular of December 1998, concerning the prevention of money laundering, the following information may be supplied to Banks and/or other Federal Institutions for purposes of verification.
- This intake form is for companies who are looking for corporate finance / corporate loan for example for a new project or working capital or expansion of business.
- We will only take into consideration forms of which mandatory fields have been completed.
- Please fill the intake form in English.
- Please send your complete supporting documents within 7 working days from the date of Application form submission. If we receive your documents after the above-mentioned time, we cannot guarantee your application will be taken into consideration.
- If you have any queries about the procedure, please contact us at:
Telephone number: +44 2034325304 or via e-mail:
info@intragencapital.com

NOTE: WE DON'T CHARGE ANY KIND OF UPFRONT FEES

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SECTION 1. CLIENT INFORMATION

CLIENT	CO-CLIENT (If Any)
FULL Name:	FULL Name:
Date of Birth:	Date of Birth:
Passport Number:	Passport Number:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Office/Cell Phone Number:	Office/Cell Phone Number:
Home/Cell Phone Number:	Home/Cell Phone Number:
Email Address:	Email Address:
NATIONALITY:	NATIONALITY:
Is this your first time applying for our financial advisory? <input type="checkbox"/> YES <input type="checkbox"/> NO, if no, what year did you apply? _____	Is this your first time applying for our financial advisory? <input type="checkbox"/> YES <input type="checkbox"/> NO, if no, what year did you apply? _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced. <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced. <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Office Address:	Office Address:
Residential Address:	Residential Address:

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CONTACT PERSON INFORMATION

Company Name:	
Contact Person:	
Street Address	
City, State, ZIP	
Phone	
Cell	
Fax	
Email Address	

BORROWER'S LOAN REQUEST

Purpose of Loan:	
Loan Term (<i>Desired</i>):	
Interest Rate (<i>Desired</i>):	
Interest Reserves:	
Total Project Cost:	
Principal Cash Contributions:	
Principal - Other Collateral:	
Total Soft Costs Expended to Date:	
Loan Amount Requested:	
Completed Value:	
Loan to Value Ratio:	
Lender Origination:	
Referring Broker Fees:	

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SECTION 2. FINANCE REQUIREMENTS SUMMARY

SUBMISSION DATE:	
PROJECT NAME:	
TOTAL FINANCING AMOUNT REQUESTED: (In USD)	
TYPE OF LOAN REQUIREMENT: *Below there is section on this.	DEBT against bank instruments like BG/SBLC <input type="checkbox"/> DEBT against hard assets like Land, Factory, Commercial property etc. <input type="checkbox"/> EQUITY against public equity (only Public listed companies) <input type="checkbox"/>
INTEREST RATE EXPECTATION:	
EXPECTED TENURE:	
EXPECTED GRACE PERIOD:	
USE OF FUNDS:	Construction <input type="checkbox"/> Development <input type="checkbox"/> Purchase <input type="checkbox"/> Working capital <input type="checkbox"/> Business Expansion <input type="checkbox"/> Re-Finance <input type="checkbox"/> Any other <input type="checkbox"/>

IMPORTANT NOTE:

*Below you will find the 3RD Section which is related to Type of loan requirement. We provide three types of loan.

1. Debt Finance against Bank instruments like SBLC & BG. (We accept leased instruments also).
2. Debt Loan against hard assets like Land, Factory, Commercial property etc.
3. Private investment on Public equity. For this, company must be public listed.

This application is related to Debt against Hard assets so you will find the fields related to Debt loan.

If you are looking for Debt against Bank instrument or Equity loan, then please ask us for different intake form.

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SECTION 3. USE OF FUNDS

		TOTAL COST	AMOUNT BORROWER PAID TO DATE
Land Acquisition:	\$		
Land Development:	\$		
New Building Construction:	\$		
Construction Contingency (10%)	\$		
Architecture/Engineering:	\$		
Survey / Appraisal / Feasibility: machines	\$		
Site Development / Construction:	\$		
Loan Consulting Fees:	\$		
Land and Operating equipment / startup costs:	\$		
Debt Refinance:	\$		
Professional / Legal Fees:	\$		
Franchise Fees:	\$		
Insurance & Taxes:	\$		
Misc. Expenses:	\$		
Other (Specify): ingredients	\$		
Other (Specify): stock package	\$		
TOTAL PROJECT COST	\$		
LESS: Borrower's Cash Injection	\$		
LESS: Seller Financing	\$		
LESS: Other (Specify):	\$		
LESS: Other (Specify):	\$		
TOTAL LOAN AMOUNT REQUESTED	\$		

SECTION 4. INFORMATION FOR DEBT AGAINST HARD ASSETS
PROPERTY DESCRIPTION

Type of Real Estate	
Location of Real Estate	
Address	
City / State / Zip Code	
Square Footage/Acres of Property	
Monthly Mortgage (or Lease) Payment	
List of Debt or Back Taxes Against Property	
Percentage of Property Occupied	

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LOANS INVOLVING REAL ESTATE

Are you purchasing real estate using the subject loan?	
Are you under contract to purchase?	
Amount of Earnest Money/Deposit:	
Has an Appraisal been done?	
Appraised Value:	
Date of Appraisal:	
MAI Appraisal?	
How is the property currently zoned?	
Is the property fully entitled?	
What permits and approvals have been granted?	
What additional permits and approvals are required?	
How many months will it take to complete the project?	

ADDITIONAL COLLATERAL

Property Type	
Address	
City / State / Zip Code	
Value of Property	
1 st Lien Balance	
2nd Lien Balance	

PRINCIPAL OWNERS (must account for 100% of the ownership of the business)

List below all officers, directors, partners, owners, co-owners, and stockholders.

FULL LEGAL NAME	TITLE	% OWNED	ACTIVE IN COMPANY?

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AFFILIATES

List below **all** business concerns in which the applicant Company or **any** of the individuals listed in the ownership section have any ownership. Use additional sheets if necessary.

COMPANY NAME	OWNER (applicant, company or individuals)	% OF OWNERSHIP

PROPOSED BORROWER INFORMATION

Company Name	
Type of Entity	
Tax ID Number	
Prior Project Experience	
Street Address	
City / State / Zip Code	
County	
Web Site	
State of Incorporation	
Date of Incorporation	
Country	
Number of Employees:	

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BORROWER PRINCIPAL(S) INFORMATION

Principal (1)	
Name	
Company Name	
Occupation	
Adjusted Gross Income 2010	
Adjusted Gross Income 2011	
Adjusted Gross Income 2012	
Total Assets	
Liquidity	
Real Estate Holdings	
Net Worth	
SS Number	
DL Number & State	
Credit Score	
Street Address	
City / State / Zip Code	
Phone	
Email	
Principal (2)	
Name	
Company Name	
Occupation	
Adjusted Gross Income 2010	
Adjusted Gross Income 2011	
Adjusted Gross Income 2012	
Total Assets	
Liquidity	
Real Estate Holdings	
Net Worth	
SS Number	
DL Number & State	
Credit Score	
Street Address	
City / State / Zip Code	
Phone	
Email	
Principal (3)	
Name	
Company Name	
Occupation	
Adjusted Gross Income 2010	
Adjusted Gross Income 2011	
Adjusted Gross Income 2012	
Total Assets	
Liquidity	
Real Estate Holdings	

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Net Worth	
SS Number	
DL Number & State	
Credit Score	
Street Address	
City / State / Zip Code	
Phone	
Email	
Principal (4)	
Name	
Company Name	
Occupation	
Adjusted Gross Income 2010	
Adjusted Gross Income 2011	
Adjusted Gross Income 2012	
Total Assets	
Liquidity	
Real Estate Holdings	
Net Worth	
SS Number	
DL Number & State	
Credit Score	
Street Address	
City / State / Zip Code	
Phone	
Email	

ATTORNEY INFORMATION

Name	
Firm Name	
Firm Address	
City, State, ZIP	
Business Telephone Number	
Business Fax Number	
Cell Phone	
Years' Experience in Profession	
E-mail Address	

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CPA INFORMATION

Name	
Firm Name	
Firm Address	
City, State, ZIP	
Business Telephone Number	
Business Fax Number	
Cell Phone	
Years Experience in Profession	
E-mail Address	

BANK INFORMATION

Name	
Bank Name	
Bank Address	
City, State, ZIP	
Business Telephone Number	
Business Fax Number	
Cell Phone	
Years' Experience in Profession	
E-mail Address	

EXECUTIVE SUMMARY

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EXIT STRATEGY

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REFERRING AGENT INFORMATION

Company Name:		Office:	
Contact Name:		Cell:	
Email Address:		Address:	

Name of Applicant:

Authorized Signature:

Date:

Print Name and Title (if applicable):

Company Stamp: _____

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