

# Proof of Funds, LLC

## Application

3407 Lake Pointe Cove, Memphis, Tn 38125  
 Toll Free (866)898-5882 Direct (724)390-4081 Fax (901)907-0618  
 Website: HTTP://WWW.POFLLC.COM

|  |                                |   |                       |
|--|--------------------------------|---|-----------------------|
| <b>Name of Beneficiary</b>   |                                |   |                       |
| <b>Registered Address</b>  |                                |   |                       |
| <b>Business Address</b>  |                                |   |                       |
| <b>Address for Notices</b>   |                                |   |                       |
| <b>Contact Person</b>  |                                |   |                       |
| <b>Contact Information</b>   | <b>Office Phone:</b><br>(    ) | <b>Cell Phone:</b><br>(    )                  | <b>Fax:</b><br>(    ) |
| <b>Other Contact Means</b>   |                                |   |                       |
| <b>Email Address</b>   |                                |   |                       |
| <b>Principal Structure of Business</b><br><input type="checkbox"/> COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL  |                                |   |                       |
| <b>If Company</b><br><input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> _____<br><span style="float: right;">Other</span> |                                |   |                       |
| <b>Place of Incorporation:</b>   |                                | <b>Date of Incorporation:</b>                 |                       |
| <b>Corporation Registration Number:</b>  |                                | <b>Employer Identification Number:</b>        |                       |
| <b>Tax Identification Number:</b>  |                                | <b>If individual, Social Security Number:</b> |                       |
| <b>Drivers License Number:</b>   |                                | <b>Passport Number:</b>                       |                       |

### Instrument Request

|                             |   |               |  |
|-----------------------------|---|---------------|--|
| <b>Instrument Requested</b> | <input type="checkbox"/> CD <input type="checkbox"/> SBLC <input type="checkbox"/> BG <input type="checkbox"/> CCA  |               |  |
| <b>Amount Requested:</b>    | <b>Currency Type:</b><br><input type="checkbox"/> USD \$ <input type="checkbox"/> EURO €  |               |  |
| <b>Term Requested</b>       | <input type="checkbox"/> 12 Months<br><input type="checkbox"/> 60 Months  | <b>Agent:</b> |  |
| <b>Procedure Requested</b>  | <input type="checkbox"/> Inter-Bank Procedure DTC/Euroclear Screen <input type="checkbox"/> Collateral First MT760 ( <b>MT760 ONLY</b> )<br><input type="checkbox"/> Collateral First MT799 & MT760 |               |  |



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|   |  |
|---|--|
| Deliver to Beneficiary's Bank:<br>choose one: [ YES ] or [ NO ]                 | Deliver to Assignee's Bank:<br>choose one: [ YES ] or [ NO ] |
| Assignee Name:<br><small>Assignee is ONLY designated by the Beneficiary</small> |  |

### BANK COORDINATES FOR DELIVERY

Delivery may be to Beneficiary or an Assignee designated by the Beneficiary, see above.

|                      |                   |             |                   |
|----------------------|-------------------|-------------|-------------------|
| Name of Bank:        |                   |             |                   |
| Bank Address:        |                   |             |                   |
| Bank Officer:        |                   |             |                   |
| Contact Coordinates: | Office Phone:     | Cell Phone: | Fax:              |
| Banker Email:        |                   |             |                   |
| Account Name:        |                   |             | Transaction Code: |
| Account Number:      | Routing Number:   |             |                   |
| IBAN:                | Sort Code:        |             |                   |
| SWIFT Code:          | Euroclear Number: |             |                   |

### Fax or Email along with this application

1. Letter of Intent/Request with an explanation of the underlying transaction or reason for the request for the loan of collateral bank debt instrument.
2. A color scanned copy of the photo identification to include passport and driver's license, if an individual please send a copy of the Social Security Card.
3. Proof of capacity to pay for the 1.75 percent issuance fees for either the Inter-Bank Procedures or the Collateral First via MT799 & MT 760 respective to your transaction request.
4. Company entity documentation (i.e. Articles of Inc, Articles of Organization, SS4)

### Authorized Persons

The following persons are authorized to execute documents on our behalf.

|  |
|--|
|  |
|--|

Name and Title

Signature

### Accuracy of Information

We represent and warrant that the information in this application is true and accurate under the penalty of perjury. We will promptly notify you if any of the information contained herein has changed or will change or cease to be true and correct.

|  |
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|  |
|--|

Name and Title

Signature and Date

### Confidentiality

This information is required for compliance with the International Money Laundering Regulations (IMLA) and the United States Patriot Act. All of the information provided will be treated with the strictest confidence.



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### **DOCUMENTATION REQUIREMENTS**

- 1. Executive Summary**
  - 2. Background on the principals and company.**
  - 3. Source & Uses of the Funds.**
    - A. Source: Example: Credit Line with a bank or loan with institution, hedge fund, private investor, etc.**
    - B. Use of Funds: Examples**
      - 1. Acquisition**
      - 2. Merger**
      - 3. Secure Investment: buy, sell, trade, etc...**
      - 4. Development, etc...**
  - 4. Background on the industry.**
  - 5. Cash Flow Statement. (If Applicable)**
  - 6. Plan for the return of the instrument at the end of maturity.**
  - 7. Approval for the loan or line of credit for the client subject only to the presentation of additional collateral. (If Applicable)**
- \*The beneficiary may participate in any legal financial transaction utilizing the bank debt instrument provided by POFLLC, but the bank debt instrument may only be used for either a secured investment designated by the Beneficiary or as collateral for a transaction of the Beneficiary or a third party assignee designated by the Beneficiary.**

