GOLF STATE CAPITAL

Loan Questionnaire

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This Form and any attached supporting documentation will enable Gulf States Capital Ventures team to determine whether your proposal meets eligibility for financing approval and basic underwriting requirements

1. FINANCING STRUCTURE

supports a wide variety of Investment transactions by providing direct loans and financing solutions. Though each transaction may have unique structural aspects, all transactions fit into one of the basic structural categories. Choose the structure that best fits the type of financing that you are seeking.

Convertible Debt Financing ☐ Equity Financing ☐

2. FINANCING REQUEST

A. new Loan: Yes: ☐ No: ☐ **B(i).** Increase Existing Loan Amount Yes: ☐ No: ☐

B(ii). If YES state amount

C. New Loan Amount

D. Tenor:

3. DESCRIBE THE TRANSACTION

Please provide a brief description of the proposed transaction, making sure you address the following:

What are the objectives of the financial request?

What factors or resources under the control of the involved parties will contribute most toward meeting those objectives and why?

How would Gulf States Capital financing contribute to its success?

Please attach the following supporting documents (if not provided yet):

i.Business Plan/Executive Summary/Pitch Desk

ii.Financial Projections Model

iii.Company Incorporation Document/Company registration number

4. BORROWER'S INFORMATION

Name:

Address (incl.city and country):

Tel: Email:

Is the country listed in the address of the borrower the location where the funds will be utilized? Yes: ☐ No: ☐

If "No," please list the actual location (city, country):

Website (If Available):

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5.(a) COMPANY/BUSINESS INFORMATION

If the borrower is applying to finance a company or business, list the contact information for the company or business.

Registered Company Name:

Legal Address:

Address of business location:

Telephone:

Date of Incorporation: DD/MM/YYYY

Country/State of incorporation:

Incorporation number:

If the company is listed on a stock exchange, specify the name of the exchange:

Website (if available):

Yes: ☐ No: ☐

Name:

Position:

Tel:

E-mail:

(b) BUSINESS ACTIVITY

Manufacturing: ☐ Technology: ☐ Research/Development: ☐ Energy & Resources: ☐

Engineering/ICT: Retail: ☐ Life Science: ☐ Healthcare: ☐ Other Intermediary Financial Activities: ☐

Media/Entertainment: ☐ Real Estate: ☐ Financial Services: ☐ Consumer Products: ☐

Other Please specify:

Description of core activity:

Does the company hold a license to conduct its business(ies); Yes: ☐ No: ☐ *(if* **YES** *please attach while submitting this form)*

Main Market:

Main Products:

(c) SHAREHOLDER(S)

Percentage Holding (%)	Name	Address

6. KEY PARTIES INVOLVED

Evaluating the business entities and/or individuals that will own, manage or make other critical contributions to the funds is an important part of Gulf States Capitals funding process.

A. Please attach detailed chart(s)/schematic(s) showing the structure of the proposed transaction and key relationships. These may include ownership charts, organizational/management structures, contractual relationship schematics, etc and the chart can be in the form of a table or a schematic.

B. Please list and provide requested information on each of the following types of entities/individuals where applicable. If an entity/individual plays multiple roles in a transaction, only list them once and indicate their most important/primary

C. Role Each business entity/individual that owns 10% or more (either directly or indirectly) of the borrower/transaction. Each

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business entity/individual that does or intends to provide equity support

Each business entity/individual that does or will have a significant managerial relationship with the Borrower/transaction (e.g., executives/ directors).

Each business entity/individual that does or will have a primary contractual relationship with the borrower (e.g., Construction contractor, operations and maintenance contractor)

1. Last Name: First Name: Other Name:

Type of Entity (Two choices: Individual or Business Entity)

Country of Citizenship (for Individuals) or Incorporation (for Business Entities)

Primary Relationship to Borrower/Transaction (Choices–Owner/Shareholder, Manager/Director, Contractor)

Address:

Telephone: E-mail:

2. Last Name: First Name: Other Name:

Type of Entity (Two choices: Individual or Business Entity)

Country of Citizenship (for Individuals) or Incorporation (for Business Entities)

Primary Relationship to Borrower/Transaction (Choices–Owner/Shareholder, Manager/Director, Contractor)

Address:

Telephone: E-mail:

3. Last Name: First Name: Other Name:

Type of Entity (Two choices: Individual or Business Entity)

Country of Citizenship (for Individuals) or Incorporation (for Business Entities)

Primary Relationship to Borrower/Transaction (Choices–Owner/Shareholder, Manager/Director, Contractor)

Address:

Telephone: E-mail:

7. FINANCIAL STATUS

Have you or your company previously declared bankruptcy. Yes: ☐ No: ☐

If **Yes** provide date of discharge. DD/MM/YYYY

8. DETAIL OF PROJECT FINANCIALS

Where applicable, list the below information if they are not containing the Business Plan or Executive Summary or Pitch Desk, etc.

CASHFLOW	PREVIOUS YEAR	CURRENT YEAR
Total Annual Income		
Total Annual Expenses		
Net Annual Cash flow		

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Current Balance Sheet

ASSET	PREVIOUS YEAR	CURRENT YEAR
Fixed		
Inventory		
Trade Receivables		
Cash		
Total Assets		

EQUITY	PREVIOUSYEAR	CURRENT YEAR
Share Capital		
Undisputed Profit		
Net Profit		

LIABILITIES		
Residual Financing		
Investors Financing		
Trade Liabilities		
Accruals		
Total Liabilities		

Proposed Balance Sheet after funding

Total Assets	
Total Liabilities	
Net Worth	

9. DEBT SETTLEMENT

Would Gulf States Capital finance be used to repay any existing debt. Yes: ☐ No: ☐

If yes, please describe the source and current terms of the debt that would be repaid and why the repayment is important to the overall objective of the transaction.

10. COLLATERALAND/ORCREDITENHANCEMENTS

Gulf States Capital requires a Gulf Cooperation Council (GCC)region registered collateral/credit enhancement tailored to the specific risks of the given transaction. Following are indicative categories of collateral/credit enhancement Essential Funder LLC may require. Please check below the listed items you have available (check all that apply).

- ☐ Registered financial performance guarantee
- ☐ Insurance policy
- ☐ Accredited foreign entities
- ☐ Debt service reserve account in GCC

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11. MANAGEMENT EXPERIENCE AND TRACK RECORD

Briefly describe relevant experience (in the sector, in the market, etc.) that the key parties (individually or as a team) may contribute towards the success of the proposed transaction.
Please attach a document compiling CVs or other documentation that demonstrates this experience:

12. PROVIDE INFORMATION OTHER SECTORS OUR CESOFFINANCING

Have you evaluated the possibility of obtaining funding from Banks or other private investment companies in your home country? Yes: ☐ No: ☐

Have you evaluated the possibility of obtaining funding for this transaction from international Banks or private sector sources? Yes: ☐ No: ☐

If Yes, please list the banks or other private sector funding source(s)you have approached and explain why the bank or other private financing was not a viable option (i.e. bad credit history, Insufficient funding capacity, unworkable tenor and/or pricing etc).

13. BORROWER'S BANK INFORMATION

Advice the Borrower's/Beneficiary's receiver Banking information to enable us create a place holder for the borrower in our transaction tracking systems

Bank Name	
Bank Address	
Beneficiary 's Account Name	
Beneficiary's Account Number	
Routing Number	
Sort Code	
Swift Code	
IBAN	

14. HOW DID YOU LEARN ABOUT GULF STATES CAPITAL VENTURES

Gulf States Capital will like to know how you know about us to enable improve our publicity and service delivery

Consultant: ☐ **Broker:** ☐ **Private Referral:** ☐ **Online Search Engine:** ☐

15. REFERRAL TO OTHER PRIVATE INVESTOR

Where we are unable to meet your funding, do you permit Gulf States Capital to share your information with other Private financial institutions who may be interested in the type of project/transaction you are proposing? Yes: ☐ No: ☐

Please note that this is not a guarantee that Gulf Sates Capital will share the information or a guarantee that recipients of the information will provide required funding.

16. BORROWER'SSIGNATURE

I/we hereby apply for the funding loan described in this application. I/we certify that I/we made no misrepresentation in this application or in any related documents that all information is true and complete, and that I/we did not omit any important information. I/we agree that any false statements are grounds for Essential Funder LLC to terminate a commitment or declare a contract default. I/we agree that securing the funding will not be used for any illegal or restricted purpose. Gulf States Capital is authorized to verify with other parties and to make any investigation of my/our credit either directly or through any agency employed by Gulf States Capital for that purpose. I/we understand that Gulf States Capital will retain this application and any other credit information, Gulf Sates Capital receives even if no funding is granted. These representations and authorizations extend not only to Gulf States Capital but also to any insurer of the loan and to any investor to whom Gulf States Capital many sell all or any part of the loan. I/we further authorize Gulf States Capital to provide such insurer or invest or any information and documentation that they may request with respect to my/our application.

_____ _____

Applicant Date

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FORLENDER'SUSEONLY

Officer No./Name	Approved By	Concurrence By (if needed)	Committee Date	Decision Date

Decision and Comments: Approved ☐ Denied ☐ Incomplete ☐ Counter offer ☐ Conditional Approval ☐ Withdrawal ☐

Other_____

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