



This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick ( > ) where appropriate.

| 1. Legal Entity Details Legal Entity Name:  |   |                  |                       |  |  |  |  |  |
|---|---|------------------|-----------------------|--|--|--|--|--|
| Nature of Business Activity:  |   |                  |                       |  |  |  |  |  |
|   |   |                  |                       |  |  |  |  |  |
| Targeted Market/Clients:  |   |                  |                       |  |  |  |  |  |
| Top 5 countries where the income or business activity shall be generated (The percentage of estimated income shall aggregate to 100% if less than 5 countries are listed) |   |                  |                       |  |  |  |  |  |
| Top 5 Targeted Countries  |   |                  | Estimated % of income |  |  |  |  |  |
|   |   |                  |                       |  |  |  |  |  |
|   |   |                  |                       |  |  |  |  |  |
|   |   |                  |                       |  |  |  |  |  |
|   |   |                  |                       |  |  |  |  |  |
|   |   |                  |                       |  |  |  |  |  |
| Source of Fund:   |   |                  |                       |  |  |  |  |  |
|   |   |                  |                       |  |  |  |  |  |
| 2. Project Details  |   |                  |                       |  |  |  |  |  |
| Projected Financials:   |   |                  |                       |  |  |  |  |  |
| Currency:   | 2 0                                     | Year (yyyyy) 2 0 | 2 0                   |  |  |  |  |  |
| Inflows   | , |                  |                       |  |  |  |  |  |
| Outflows  | , , , , , , , , , , , , ,               |                  |                       |  |  |  |  |  |
| Net Flow  | , |                  |                       |  |  |  |  |  |

| Initials: |  |  |
|-----------|--|--|
| ininais.  |  |  |

| Expected Account Activity  |             |   |            |             |          |   |  |  |  |
|--|-------------|---|------------|-------------|----------|---|--|--|--|
|  |             |   |            | Year        | (уууу)   |   |  |  |  |
| Currency:  |             | 2 0                                     | 2 0        |             |          | 2 0                                     |  |  |  |
| Estima   | ted Inflow  |   |            |             |          |   |  |  |  |
| Month  | ly Yearly   | , | ,          |             | ],       | , |  |  |  |
| Estimat  | ed Outflow  |   |            |             |          |   |  |  |  |
| Month  | ly Yearly   | , | ,          |             |          | ,,                                      |  |  |  |
| Estimata   | d Number 2  |   | Inflows    |             | Outflows |   |  |  |  |
| Estimated Number & Value of Transactions   |             | Numbers                                 | Numbers Va |             | Numbers  | Value                                   |  |  |  |
| Month  | ly Yearly   | ,                                       | , , , ,    | ,           |          | , , , , , , , , , , , , , , , , , ,     |  |  |  |
| Please sign  | helow:      |   |            |             |          |   |  |  |  |
| Please sign below:   |             |   |            |             |          |   |  |  |  |
| $\triangle$  | Signature*: |   |            |             |          |   |  |  |  |
|  | Name:       |   |            |             |          |   |  |  |  |
|  | Date:       | / /                                     |            | dd/mm/yyyy) |          |   |  |  |  |
| * Business Plan needs to be signed by any one of the following: Accountant, Secretary, Director or Beneficial Owner. |             |   |            |             |          |   |  |  |  |