**MANDATE TO ARRANGE BANK INSTRUMENT**

(Please issue on your company letterhead and provide an unlocked PDF or WORD document to process your request)

**Mandate issued by the Applicant/Client:**

|  |  |
| --- | --- |
| Company Name |  |
| Address |  |
| City |  |
| State/Province |  |
| Zip/Postal Code |  |
| Country |  |

**Mandate issued to the Consultant**

JW Morris, Office.4, Templeshannon, Wexford, Ireland

Email JW@morrisireland.com

**The Scope of Activity**

The Mandate Provider confirms his intention to immediately request the Financial Instrument as described in the “Mandate to arrange Bank Instrument”to be sent via SWIFT by a bank or financial institution for credit enhancement purposes. It is the purpose of this Mandate to have the required SWIFT to be arranged through the professional contacts of the Consultant.

The Mandate Provider confirms the immediate cash availability of 5% of the face value of instrument together with this “Application to Qualify” and attaches a current bank statement (or bank confirmation) which evidences this.

The Mandate Provider confirms to pay for the emission fees to the SWIFT Provider before the SWIFT is sent for the Mandate Provider.

The Mandate Provider confirms and agrees to place a Retainer of Euro 5,000 into the Consultant’s account after the Consultant accepts this Mandate, and before the Consultant starts working on the transaction. Additionally, there is a commission agreed to be paid to the Consultant by the Mandate Provider upon successful closing of the transaction and emission of the instrument of 1% (One Per Cent) of face value.

Date:

Place:

Signature of the Mandate Provider

………………………………………..

Accepted by the Consultant

………………………………………..

**APPLICATION TO QUALIFY**

|  |  |
| --- | --- |
| Date |  |
| Company Name |  |
| Applicant/Client’s Last Name |  |
| Face Value of Instrument |  |

Intermediary

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City |  |
| State/Province |  |
| Zip/Postal Code |  |
| Country |  |
| Email |  |

**CREDIT ENHANCEMENT INSTRUMENT REQUIRED**

Provide your proposed SWIFT verbiage of the instrument that you seek here:

Applicant/Client’s Company Information

|  |  |
| --- | --- |
| Company Name |  |
| Address |  |
| City |  |
| State/Province |  |
| Zip/Postal Code |  |
| Country |  |
| Company Registration No. |  |
| Date of Incorporation |  |

Revenues Audited for your Company for the past Fiscal Year

|  |  |
| --- | --- |
| Last Fiscal Year in Euros |  |

Applicant/Client / Authorised Signatory Information

|  |  |
| --- | --- |
| Applicant/Client First Name |  |
| Applicant/Client Last Name |  |
| Address\* |  |
| City |  |
| State/Province |  |
| Zip/Postal Code |  |
| Country |  |
| Passport Number |  |
| Issuing Country |  |
| Passport Issued when |  |
| Passport Expiring when |  |
| Email |  |
| Phone Number |  |
| Whatsapp Number |  |
| Skype Address |  |

**Applicant/Client’s Bank** to pay the Euro 5,000 Retainer to the Consultant and the SWIFT Emission Fees to the issuing bank/institution

|  |  |
| --- | --- |
| Bank Name |  |
| Branch |  |
| Address |  |
| City |  |
| State/Province |  |
| Zip/Postal Code |  |
| Country |  |
| Swift Code |  |
| Telephone of Bank Officer |  |
| Bank Officer in charge |  |
| Name of Account |  |
| Signatory on Account |  |
| Number of Account |  |

Bank Instrument Receiving Bank

|  |  |
| --- | --- |
| Receiving Bank Name |  |
| Branch |  |
| Address |  |
| City |  |
| State/Province |  |
| Zip/Postal Code |  |
| Country |  |
| Swift Code |  |
| Telephone of Bank Officer |  |
| Bank Officer in charge |  |
| Name of Account |  |
| Number of Account |  |

Description of Financial Project or Transaction for which this instrument is being requested (Less Than 250 Characters)

|  |
| --- |
|  |

Confirmed and Approved by the Applicant/Client

|  |  |
| --- | --- |
| Corporation Name |  |
| Authorized Signature printed Name |  |
| Title |  |
| Date |  |

The person signing this form must be the Applicant/Client. Any abuse of this document will be fully prosecuted by law.

|  |
| --- |
| Signature of Applicant/Client/Authorized Signatory: |

Attach:

Copy of Applicant/Client Company Incorporation Certificate

**CLIENT INFORMATION SHEET**

|  |  |
| --- | --- |
| Face Value of Instrument | Euro |
| Instrument Type |  |

|  |  |
| --- | --- |
| Applicant/Client First Name |  |
| Applicant/Client Last Name |  |
| Title |  |
| Nationality |  |
| Passport Number |  |
| Issued Country |  |
| Issue Date |  |
| Expiration Date |  |
| Company Name |  |
| Office Address |  |
| Email |  |
| Phone Number |  |
| Whatsapp Number |  |
| Skype Address |  |
| Legal Advisor Name |  |
| Legal Firm Email Address |  |
| Legal Firm Phone Number |  |

Confirmed and Approved by the Applicant/Client

|  |  |
| --- | --- |
| Corporation Name |  |
| Authorized Signature printed Name |  |
| Title |  |
| Date |  |

The person signing this form must be the Applicant/Client. Any abuse of this document will be fully prosecuted by law.

|  |
| --- |
| Signature of Applicant/Client/Authorized Signatory: |

Attachment

Copy of Passport from the Authorized Signatory

**PROOF OF AVAILABILITY OF THE ARRANGEMENT FEES**

The Mandate Provider confirms the immediate cash availability of 5% of the face value of instrument together with this “Application to Qualify” and attaches a current bank statement (or bank confirmation) which evidences this here: