**Mandate to arrange for SWIFT Credit Enhancement Services**

Complete this Application and return to

**Selective Financial Services Group**

The Intake Officer

**JW. Morris, Intake Officer & Authorized Collateral Advisor**
Office.4, Temple Shannon, Wexford, Ireland
Email JW@MorrisIreland.com
Phone | WhatsApp | Signal | Telegram | WeChat | BOTIM +353.86.0325153
Website http://morrisireland.com

Please issue on your company letterhead and provide an unlocked PDF or WORD document to process your request. Applications must include evidence of available funds to be considered.

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

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

**Mandate issued to the Facilitator Company**

And is processed through **JW. Morris, Intake Officer & Authorized Collateral Advisor**

**The Scope of Activity**

The Mandate Provider confirms his intention to immediately request the Financial Instrument as described in the “Mandate to arrange a Financial 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 arranged through professional relations with issuing banks.

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.

**“BEST PRICE GUARANTEE”**

The Mandate Provider confirms and agrees to place a Retainer of Euro 5,000 into the facilitator’s account, after this Mandate has been accepted, and before a Consultant is assigned to the transaction to start working on the required arrangements for transaction.

|  |
| --- |
| With this Mandate the client is guaranteed the best possible price for the financial service that can be accessed. Should the Mandate Provider be able to evidence a comparable valid lower priced, firm commitment for providing the service from another account holder at the bank for the same service, the Facilitator will repay the Retainer, and immediately make a penalty payment of another Euro 5,000 to the Mandate Provider, no questions asked. |

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.

|  |
| --- |
| Who referred you to this Credit Enhancement Service and provided you with the download link to this Mandate? |

Date:

Place:

|  |  |
| --- | --- |
| Signature of the Mandate Provider | Accepted by the Facilitator Mandate |
| ……………………………………….. | ……………………………………….. |

**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 |  |

**Applicant/Client’s Bank** to pay the Euro 5,000 Retainer 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: