Client Information Sheet (CIS) for
Loans & Nonprofit Donation Funding Program

Please fill out the details below to apply for the Loan or donation funding Programs.

Client Information Sheet (CIS)		
In accordance with Articles 2 through 5 of the Due Diligence Convention and the Federal Banking Commission Circular of December 1998, and under the US Patriot Act of 2002, as amended in February 2003 concerning the prevention of money laundering and 305 of the Swiss Criminal Code, the following information may be supplied to banks and/or other financial institutions for purposes of verification of identity and activities of the Client described below, and the nature and origin of the funds which are to be utilized. The foregoing is subject to agreement by all parties to whom this information is provided that they are obligated to respect the privacy rights of the Client and all individuals described herein, as well as the generally accepted professional standards relating to the maintenance of confidential information, and to take all appropriate precautions to protect the confidentiality of the information contained herein, This legal obligation shall remain in full force indefinitely without restriction.		
	Funding Program: ☐ Loan, ☐ Donation,	☐ Loan Amount Max = *$5M* or ☐ Donation Max = *$50M* (50/50)
1.	Organization Name	
2.	Type of Organization	
3.	Primary Contact Person	
	Name	
	Title/Role	
	Phone Number	
	Email	
	Mailing Address	
4.	Tax Identification Number (TIN/EIN)	
5.	Organizations Mission Statement	
6.	Location of Operation (City/State)	
Corporate and Business Information		
7.	Business License and Registration	
	Business Registration Number	
	Issuing Authority	
	Date of Registration	
	Expiration Date	
	Please attach a copy of business license	Attached - ☐ Yes - ☐ No
Corporate Structure		
8.	Corporate Type Structure	☐ Nonprofit, ☐ Faith, ☐ 501(c), ☐ Other organizations etc.
9.	Please describe the leadership roles	☐ CEO ☐ Pastor, ☐ Director, ☐ Leader, ☐ Manager,
Management Names & Titles		
10.	# 1 – Manager Name	
	# 2 – Manager Name	
Organizational Chart (optional)		
11.	List all departments below	☐ Attached Org. Chart (if possible)

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Leadership Personal Information		
12.	**Primary Leadership Identification**	
	Full Name / Title of key leadership?	
	My Position in Company Today?	
	Date of birth / City Born?	
	Passport Number or ID # ?	
	ID / PP Country of Issue?	
	Please attach a copy of your PP/ID?	☐ Passport, ☐ Driver's License, ☐ Other ID
Client Banking and Financial Transfer Information		
13.	Bank Name	
	Bank Address	
	Bank Contact Person	
	SWIFT / BIC Codes	
	Account Holder name	
	Account Type (Bus. Checking/Savings)	
	Account Number	
	Routing Number (for U.S. accounts)	
	IBAN (for international Transfer)	
Project/Program Information		
14.	**Purpose & Use of Funds**	
15.	How Funds will Impact the Community	☐ Jobs, ☐ Developmental, ☐ Health, ☐ Other.
16.	Your Target Outcomes & Goals	
	List any specific goals you aim to achieve with this funding below (e.g., serving X number of people, building new facilities, creating new training programs etc.).	
	GOALS & OBJECTIVES	***EXPLAIN - WHY YOU NEED THIS DONE OR COMPLETED?***
a)	Goal 1	
b)	Goal 2	
c)	Goal 3	
d)	Goal 4	
e)	Other	
f)	Other	
	Notes:	

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Budget Outline *Please provide an itemized budget breakdown to help us understand how the much you need and use of funds will be allocated. A rough estimate is fine, but please ensure it reflects your organization's needs.*			
17.	**Item / Categories**	**Estimated Cost ($)**	**Brief Description Use of Funds**
1.	Program Development	$	[i.e. To create jobs for our members]
2.	Infrastructure / Facility / Rent / Purchase	$	
3.	Operational Costs	$	
4.	Outreach & Marketing	$	
5.	Services for Beneficiaries	$	
6.	Personnel / Hiring	$	
7.	Miscellaneous / Other	$	
8.	Other expense	$	
9.	Other expense	$	
10.	Other expense	$	
	Total Cost	**$**	

Acknowledgment and Agreement *By signing this document, you agree that the funds donated will be used according to the outlined budget and needs described above, with no strings attached but requiring transparency and accountability.*	
18. **We Agree to Use Funds for above Designated Purposes**: ☐ Yes / ☐ No	
1- Signature of Authorized Representative:	**2- Signature of Authorized Representative**:
[Print Name & Title Here]	[Print Name & Title Here]
Date:	Date:

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Loans & Nonprofit Donation Funding Program

Clients Additional Notes and Acknowledgments		
19.	How Did You Hear about this Donation Program?	☐ Referral, ☐ Friend, ☐ Another Nonprofit ☐ Other
19-A	If a referral, name of person or organization?	[Name of Person or Organization that referred you]
Documents Required for Submission		
20.	Copy of Business License & Registration	☐ Yes / ☐ No
	Passport Copy of Key Leadership	☐ Yes / ☐ No
	Banking details for funds transfer (HSBC)	☐ Yes / ☐ No
	The clients agree to receive $50,000,000 Million initially?	☐ Yes / ☐ No
	The clients agree to Send $25,000,000 Million back to us?	☐ Yes / ☐ No
Important Disclosure Notes		
21.	• **Receivers Information -** *The information provided will be used exclusively for the purposes of this financial program, including funding, distribution, and tracking.*	
	• **Loan Program** - *The Loan amount will be transferred upon successful completion and approval of this Client Information Sheet (CIS), along with the accompanying business plan, short loan application, and other required documents.*	
	• **Donation Program** - *The donation amount will be transferred upon successful completion and approval of this Client Information Sheet (CIS), along with the accompanying business plan, short loan application, and other required documents.*	
	• **Compensation To Us** – *The Clients/Borrowers agree to a 60/40 or 70/30 split of financial proceeds. Sixty percent (60%) will be paid to the client/borrower, and forty percent (40%) will be retained by our organization to cover insurance, administrative costs, marketing, personnel expenses, and operational costs associated with implementing the financial programs. These fees represent compensation for our services and are not additional charges or commissions.*	

End of CIS Application

Referring Partner's or Associates:

1.	Chris Tyler	Attorney /Financial Adviser
2.	Addy's Walker	Commercial Loans
3.	Michael A Wiley	Loan Underwriting Specialists