**MONETIZATION APPLICATION FORM**

**I. CLIENT IDENTIFICATION**

Client Legal Name (if Self-Employed): …………………………………………………………………………………………….

Business Legal Name: ………………………………………………………………………………………………………………………

Business Commercial Name: ................................................................................................................

Business Registration #: …………………………….........................................................................................

Business Registration date (M/D/Y): ……………………………………………………………………………………………….

Industry: .……………………………………………………………………………………………………………………………………….

Representative Last name: ………………………………………………First name: ……………………………………………

Representative Title: …………………………………………………………………………………………………. Sex: □ M □ F

Client/Business Address: …..........................................................................................………………………

City: …………………………………………….. Province: ……………………………………… Country: ………………………….

Phone#: ……………………………………………………………….. E-mail: …………………………………………………………….

Phone WhatsApp#: ………………………………………………………………………………………………………………………….

**II. TYPE OF FINANCIAL INSTRUMENT**

The only financial instruments that we monetize are Standby Letter of Credit and Bank Guarantees. All others, including registered securities such as Bonds, MTN, etc. can only be borrowed against.

Select the appropriate type of financial instrument to be monetized:

 SBLC: Standby Letter of Credit

 BG: Bank Guarantee

**III. DESCRIPTION OF THE FINANCIAL INSTRUMENT & BENEFICIARY DETAILS**

**(a). Description of the Financial Instrument**

|  |  |
| --- | --- |
| FINANCIAL INSTRUMENT TYPE: |  |
| MATURITY/AGE (X): | SEASONED\_\_\_\_\_\_\_ / FRESH CUT\_\_\_\_\_\_\_\_ |
| VALIDITY/TERM (X): | ONE (1) YEAR AND ONE (1) DAY\_\_\_\_\_\_\_ OR MANY YEARS\_\_\_\_\_\_\_\_\_ |
| FACE VALUE AMOUNT |  |
| NAME OF THE ISSUING BANK |  |
| ADDRESS OF ISSUING BANK |  |
| SWIFT CODE OF THE ISSUING BANK |  |
| BANK OFFICER NAME: |  |
| BANK OFFICER PHONE NUMBER: |  |
| BANK OFFICER EMAIL: |  |

**(b). Beneficiary Coordinates to receive proceeds from monetization**

|  |  |
| --- | --- |
| BENEFICIARY NAME: |  |
| BENEFICIARY ADDRESS: |  |
| BENEFICIARY PHONE NUMBER: |  |
| BENEFICIARY EMAIL ADDRESS: |  |
| BENEFICIARY BANK INFORMATION: |  |
| BANK NAME: |  |
| BANK ADDRESS: |  |
| BANK ACCOUNT NAME: |  |
| BANK ACCOUNT NUMBER: |  |
| BANK IBAN NUMBER: |  |
| BANK SWIFT CODE: |  |
| BANK OFFICER NAME: |  |
| BANK OFFICER PHONE: |  |
| BANK OFFICER EMAIL: |  |

**IV. ADDITIONAL INFORMATION**

MountEverest Management Inc., its nominated assignee, employees, partners, and outsourcers will make utmost reasonable efforts to ensure that any Personal or Corporate Information in their possession or processed by them is kept confidential and stored in a secure manner.

To launch the monetization process the client is required to pay the processing fees (1% of face value amount, up to the maximum of $10,000.00 which is deductible toward service fees) in order to complete the due diligence. Please provide following information:

 Signed client information summary (CIS) or KYC.

 Provider information if different from the applicant/client.

 Copy of the financial instrument if it is not a fresh cut.

 Proof of funds and confirmation showing that the communication has been established with the issuing bank if it is a fresh cut.

In case the applicant is different from the provider, following additional details are to be provided:

* Underlying relationship between the two (2) parties.
* Contract between the two (2) parties.

**Applicant declaration**

I/we hereby consent to the use of my/our banking and confidential information provided hereunder, only for the purpose of monetization of the current financial instrument.

Attached is the copy of my \_\_\_ Passport \_\_\_ Driver License \_\_\_ other (specify) ……………………………….........

Date of issue: …………………………………………………. Date of expiration: ……………………………………………………………………….

I/we warrant and confirm that the information given in the monetization application form herein is true and correct and I/we understand that it is being used to authenticate and verify the information pertaining to the monetization process. You are authorized to obtain any information you may require for these purposes from other sources including but not limited to the Provider and issuing bank officer). I/we also understand that the information given in the application form herein, as well as other information you obtain in relation to current monetization request may be disclosed in writing, including fax, e-mail, or other electronic transmission to employees, experts conducting due diligence, organizations providing technological or other support services required in relation to the monetization process. I/ we confirm/certify that I/we have read and understood the above.

Date: \_ \_ / \_ \_ / \_ \_ \_ \_ Signature of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_