
CUSTOMER INFORMATION

Company Name: _____
Business Address (Street, City, State/Province): _____
Country: _____
Contact Person: _____
Telephone Number: _____
GSM Number: _____
Fax: _____
E-mail: _____
Website: _____

Comment:

A. GENERAL DATA**A1. REGISTRATION DATA**

Year of Incorporation: _____
Registration Number: _____
VAT registered: YES NO
Tax Identification Number: _____
(In)Direct State Budget Beneficiary: YES NO
Type of business activity: _____
Company size: SME LARGE

Comment:

A2. LEGAL REQUIREMENTS AND LICENSES (with significant influence on company's business)

A3. BUSINESS PREMISES (description, size, ownership)

A4. GEOGRAPHIC BUSINESS LOCATION

A5. SHORT HISTORY OF THE COMPANY

A6. DETAILED DESCRIPTION OF ACTIVITIES, MAIN PROGRAMMES AND THEIR CONTENT, FUTURE PLANS

A7. OWNERSHIP STRUCTURE

10 largest shareholders as of ____:

	Shareholder's Name	% of ownership
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	Total	

Comment:

10 largest **actual** shareholders as of ____ (final shareholders, natural or legal persons):

	Shareholder's Name	% of ownership
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	Total	

Comment:

Major changes in ownership in the past three years:

Major changes in ownership foreseen in the future:

A8. HUMAN RESOURCES

	Previous Year ____	Current Year ____
Number of Employees		
Educational Structure (in %)		
- MD, PhD		
- University Degree		
- High School Degree		
- Others		
Number of Employees in R&D		

Comment:

A9. CONNECTED PARTIES

Please complete separate questionnaire

Major changes in connected parties in the past three years:

Major expected changes in connected parties in the future:

A10. CO-OPERATION WITH BANKS (DOMESTIC AND FOREIGN)

Bank Name	Company Transaction Account Number	Obligations from Loans and Other Type of Financing

Bank Name	Company Transaction Account Number	Obligations from Loans and Other Type of Financing

 Comment:

A11. COMPANY MANAGEMENT

Position	Name	Formal Education	Mandate Expiry

 Personal References:

 Comment:

Changes in Company Management in the past three years:

A12. SUPERVISORY BOARD (if applicable)

Position	Name	Formal Education	Mandate Expiry

 Personal References:

 Comment:

A13. FINANCIAL AUDIT

- Are Company's financial statements audited? YES NO
- Name of the Auditing Company: _____
- Date of the latest Audit Report: _____

 Comment:

C. SWOT ANALYSIS**STRENGTHS:**

WEAKNESSES:

OPPORTUNITIES:

THREATS:

D. COMPANY VISION, DEVELOPMENT PLANS AND CONDITIONS NECESSARY FOR THEIR FULFILLMENT**D1. ENVISAGED INVESTMENTS AND SOURCES OF FINANCING**

D2. CHANGES IN TECHNOLOGY, PRODUCTS/SERVICES, SALES AND/OR PURCHASE CHANNELS

D3. POSSIBLE BUSINESS OBSTACLES/PROBLEMS AND SOLUTION PLANS

E. MANDATORY APPENDICES

- Declaration for detection of a group of connected persons
- Company's organisation chart
- (Audited) Financial Statements with comments for the last 3 years and/or Annual Reports
- Company's Interim Financial Statements and/or Business Report for the current year
- Company's Financial Projections (including cash-flows) for the forthcoming five year with comments and sensitivity analysis

In _____, on _____

Name and Title of the Authorised Person: _____

Signature

