**VERIFICATION REQUEST FORM**

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|  **SENDER DETAILS (GEFF loan applicant or legal representative)** |
| **Name** |   |  | **Job title** |  |  |
|  | **First name, last name or company name** |  |  |  |
| **Contact Person** |   |  | **Job title** |  |  |
|  | **First name, last name** |  |  |  |  |
| **Address** |   |  |   |  | Enter text |  |
|  | **House number, street** |  | **Postcode** |  | **City** |
| **Project location** **if different from above** |   |  |   |   |
|  | **House number, street**  |  | **Postcode** | **City** |
| **Phone** |   |  | **Mobile** |   |  |
| **Email** |   |  |  |
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| **RECIPIENT DETAILS** |
| **Partner institution** **granting the loan** |   |  |
|  |  |
| **Primary contact person** |   |  |
| **e.g. responsible loan officer / client relationship manager** | **First name, last name** |  |
| **Office phone** |   |  | **Email** |   |  |
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| **SUPPORT DOCUMENTS ATTACHED TO THIS FORM** |
| □ Copy of invoices □ Completion certificate □ Photos□ Proof of payment (receipts / bank transfer / commissioning certificates□Other- please specify: The EBRD or its Consultants may ask for additional supporting information if the attached documents don’t provide sufficient evidence to verify the successful completion in line with the eligibility criteria. |

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| Statement by the **Applicant’s** Authorised Representative |
| The project, its components and systems is ready for verification. It has been completed as described in the eligibility evidence (Eligibility Certificate or Project Assessment Report). All licenses and permissions required to construct and operate project have been received. We hereby notify the partner bank [or leasing company] that the verification process can be carried out henceforth.I authorise EBRD or its Consultants to inspect and verify the successful completion of the Sub-project installation. To make an appointment, EBRD or its Consultants will contact me at the above contact details, which I hereby confirm are valid and accurate. I recognise that if inspection and verification are rendered unsuccessful, the Applicant will not be eligible [to any preferential terms under the Facility / no Investment Incentive will be paid to [me / the company]. |
| Please transfer the Investment Incentive to the following bank account: |
| **Bank name** |  |  |
| **Account holder name** |  |  |
| **Account number** |  |  |
| **IBAN** |  |  |
| **SWIFT CODE** |  |  |  |

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| **declaration** |
| By signing I confirm that information provided in this Verification Request Form is correct, precise and complete, filled in to my best knowledge.

|  |  |  |  |  |
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|  |   |  |   |  |
|  | Full name of person signing |  | Position of person signing |  |
|  |  |  |   |  |
|  | Signature |  | Place, Date |  |

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**PFI ANNEX TO THE VERIFICATION REQUEST FORM**

**To be completed by the Participating Financial Institution**

I, on behalf of [insert name of PFI] confirm that the below Sub-loan was extended under [name of GEFF] to finance the above Sub-project. Details of the Sub-loan are as follows:

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| **DETAILS OF THE SUB-LOAN** |
| ***All amounts should be indicated in the currency of the EBRD loan to the participating institution (“PFI loan currency”).***  |
| **Sub-loan number** **As per the sub-loan agreement/internal reference number** | [insert number] |  |
|  |
| **Signing date** | [insert date: dd/mm/yyyy] |  |
|  |
| **SIGNED Sub-loan amount**  | [CCY]  insert amount |
| **Disbursed Sub-loan amount under [name of GEFF]** | [CCY]  insert amount |
| ***If PFI loan currency is different from the Sub-loan currency, the exchange rate posted by the National Bank of [country] on the date of signing of the Sub-loan agreement and is to be used for conversion.*** |
| **[Exchange rate used for conversion]:** |  [4 decimal format x.xxxx] |
| **SIGNED Sub-loan amount**  | [CCY]  insert amount |
| **Disbursed Sub-loan amount under [name of GEFF]** | [CCY]  insert amount |

I confirm that the Sub-loan agreement includes all relevant requirements with regards to incentive entitlement, donor visibility, access to records, premises and audit rights.

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| **declaration** |
| By signing I confirm that information provided in this Verification Request Form is correct, precise and complete, filled in to my best knowledge.

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|  |   |  |   |  |
|  | Full name of person signing |  | Position of person signing |  |
|  |  |  |   |  |
|  | Signature |  | Place, Date |  |

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