



APPLICATION FORM

APPLICANT DETAILS				
Name	Company name or first name, last name for an	Contact Person/Authorised representative First name, last name		
	entrepreneur	i ii st name, iast name		
Address				
	House number, street	Postcode City		
Phone		Email		
COMPANY II	NFORMATION			
Type of				
Business select one option	General Business , prival legal entity	ate company, enterprise, firm, sole proprietor or other		
	Service Provider provider refurbishment or similar	ding maintenance, operation, installation, construction, services		
		the Facility's vendor financing programme		
	☐ Producer / "green" tec	chnology manufacturer planning to sustain or expand		
	Special eligibility requirements may a	the "green" part of its business Special eligibility requirements may apply to your type of business. Please visit the Facility website for more details or contact our partner bank or the local Facility office.		
Company	☐ Private	Company		
Ownership Structure		Registration Number		
select one option				
Company size* Number of employees (fulltime equivalent throughout the year):		e equivalent throughout the year):		
(no restriction of size)	on Annual turnover:	UZS		
indicate as appropr	riate Annual balance sheet:	Annual balance sheet:UZS		
	* for the last full year for which financial reposting is available; indicate the year			
Industrial	<u> </u>	A Agriculture, Forestry and Fishing		
activity classification	n C Manufacturing	☐ B Mining and Quarrying☐ C Manufacturing		
(NACE code select one option	 □ D Electricity, Gas, Steam and Air Conditioning Supply □ E Water Supply, Sewerage, Waste Management and Remediation Activities □ F Construction 			





G Wholesale and Retail Trade, Repair of Motor Vehicles and Motorcycles H Transport and Storage I Accommodation and Food Service Activities J Information and Communication K Financial and Insurance Activities L Real Estate Activities M Professional, Scientific and Technical Activities N Administrative and Support Service Activities O Public Administration and Defence, Compulsory Social Security P Education Q Human Health and Social Work Activities R Arts, Entertainment and Recreation S Other Service Activities					
PROJECT INFORMATION					
Project description	Briefly describe the project including the investment measures planned				
Estimated investment cost for project	Requested				
Select Currency USD	UZS UZS UZS UZS UZS UZS				
How did you hear about GEFF select one option	☐ Advertisement or sales of financing institution ☐ Consultant promotion ☐ Internet ☐ Word of mouth ☐ Other				
Project location if different from applicant's address					
	Building number, street Postcode City				
Locality of Sub-project Urban (city > 50,000 or within commuting zone of such city) Rural (small town <50,000, villages or rural areas)					
Project Eligibility select one option	☐ I am intending to purchase equipment, material, products or systems listed in the GEFF Online Technology Selector.				
	Please attach the Eligibility Certificate for the Technology you intend to purchase to this application. The Certificate can be generated on the GEFF website: https://ts.ebrdgeff.com/uzbekistan.				
	I would like to request free-of-charge assistance by the GEFF project team to assess my project proposal and assess if it is eligible under the GEFF in Uzbekistan.				





	I don't have a project idea yet and would like the Facility Consultant to propose prospective measures		
]	I already have a project idea and have attached the technical project documents (please select one or more):		
	☐Feasibility Study	☐Summary of project idea	
	☐Own energy audit	☐Supplier offer	
	Other- please specify:		

DECLARATION

- 1. We/I, the undersigned Applicant, intend(s) to enter into a loan agreement for the implementation of the above-mentioned project with one of the partner institutions participating in the Green Economy Financing Facility (GEFF) implemented by the European Bank for Reconstruction and Development (EBRD), with financial support from the Climate Investment Funds, The Taiwan ICDF and the High Impact Partnership on Climate Action (the project donors).
- 2. We/I request from the Facility Consultant
 - a. informal consultations (including the use of the Online Technology Selector) and / or an assessment of the eligibility of the project
 - b. if needed, assistance in the formulation of loan applications to the chosen partner institution and
 - c. if and when the project is completed, a project verification may be conducted by the Facility Consultant, or another Verification Consultant appointed by the EBRD.
- We/I hereby agree and understand explicitly that all services provided by the Facility Consultants are
 free of charge to us/me and no payment is supposed to be offered by us/me and/or our/my vendors
 or suppliers to the Facility Consultants, nor may any payment be requested by the Facility
 Consultants.
- The Sub-project doesn't involve any activity appearing on the EBRD Environmental and Social Exclusion List.
- 5. In case of a project eligibility assessment, we/I hereby agree to provide access for the Facility Consultants to our/my facilities and financial, technical and other information requested by the Facility Consultants for the performance of such assessment.
- 6. We hereby agree that the EBRD, the Facility Consultants and the project donors may publish information about the project, including naming the undersigned company, as a beneficiary under the GEFF in the context of promoting green economy financing and publicising the results/success of the GEFF.
- 7. We/l understand that we/l shall use the GEFF loan for the implementation of an eligible project only.





I confirm that We/I will obtain all necessary consents and statutory approvals (building control, town & country planning etc.) and have authority to install the technologies on the site (including permission from the owner of the facility if applicable).				
. If requested by the EBRD or the Facility Consultants, I agree to give access to any information and/or records related to my project and grant access to the premises where the project has been implemented.				
10.We/I confirm that information provided in this filled in to the best of my knowledge.	Application Form is correct, precise and complete, and			
Full name of person signing	Position of person signing			
Signature	Place, Date			