



Address: Nelson Mandela Square,
West Tower, Maude Street
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Tel: 086 001 7422
E-mail: info@limekilnsgroup.co.za
Web: www.limekilnsgroup.co.za

Date.....

Applicant Details

Company Name.....

Reg Number.....

MANDATORY LETTER FOR FUNDING / GUARANTEES

RE: REQUEST FOR ASSISTANCE TO SOURCE CAPITAL / GUARANTEE FOR
.....**PROJECT**

1. THE ABOVE MATTER REFERS

2.

.....
referred to as “**The Client**” hereby appoints and authorizes Limekilns Group as its representative or to make presentations to the Investors/Funders, Financing Institutions and Organizations and raise Capital / Guarantee for:

PROJECT NAME AND DESCRIPTION

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Limekilns (Pty) Ltd T/A Limekilns Group – Registration: 2014/073456/07 Vat: 4620304131

C.Balo, Director (SA)

The company is guided by ICC code and ethnics on funding facilitation

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PROVINCE AND COUNTRY OF PROJECT

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CAPITAL AMOUNT:

R/\$.....

IN WORDS

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GUARANTEE AMOUNT:

R/\$.....

IN WORDS

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- 3) Limekilns Group in conjunction with its investment Partners and commercial institutions shall use their reasonable efforts to facilitate the completion of a transaction that will achieve The Client's requirements.
- 4) We also request that Limekilns Group includes in the requested amount the cost of services requested and that such costs be disclosed in the Engagement Agreement.
- 5) Contact the undersign for further clarity and informatio

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C.Balo, Director (SA)

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Kind regards,

Applicant Name

Signature

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Name of (Director/Owner/CEO

Signature

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.....

Place

Date

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.....

Witness Name

Signature

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.....

Limekilns Group Rep Name

Signature



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