



Complete this form with

documentation and submit to: Suite #342, 509 Commissioners Road W.
London, Ontario Canada N6J 1Y5
Tel.: (519) 474-7890 • Fax: (519) 474-6804
www.chetna.ca

Chetna Capital Intake Form

Company Name: _____

Client Name: _____

Address: _____

Telephone/Fax: _____ E-mail: _____

Funding Amount Requested: _____

Other Services Required: _____

Date Submitted: _____

Project Description (20 words): _____

Client or Corporation Net Worth (USD): _____

Personal Reference: _____

Bank Reference: _____

Attorney Reference: _____

Business Plan:

Copy of Passport or Photo ID:

Incorporation Papers:

Current Financial Statement

Articles of Good Standing:

Corporate or Personal:

Corporate Resolution to Sign for the Company: _____