**APPLICATION FORMS**

**British Virgin Islands Microgrid Project at Paraquita Bay**

**Engineering, Procurement and Construction for** **British Virgin Islands Electricity Corporation**

**Issue Date: November 12, 2021**

**Submission Deadline: December 17, 2021**

**ICB No.: BVIEC/MPPB/2021**

**Employer: British Virgin Islands Electricity Corporation**

**Country: British Virgin Islands**

The Applicable Forms are to be completed and submitted by companies that wish to be pre-qualified as an EPC candidate, in accordance with the Instructions to Applicants set out in the accompanying project Prequalification Document.

Application Submission Form

Date: ***[insert day, month, year]***ICB No. and title: ***[insert ICB number and title]***

To: B.V.I Electricity Corporation,

Long Bush Rd,

Road Town,

British Virgin Islands

We, the undersigned, apply to be prequalified for the referenced ICB and declare that:

(a) **No Reservations:** we have examined and have no reservations to the Prequalification Documents, including Addendum(s) No(s).: ***[insert the number and issuing date of each addendum]****;*

(b) **No conflict of interest:** we have no conflicts of interest;

(c) **Eligibility**: we meet the eligibility requirements and have not been suspended by the Employer based on execution of a Bid-Securing Declaration;

(d) **Suspension and Debarment:** we, along with any of our subcontractors, suppliers, consultants, manufacturers, or service providers for any part of the contract, are not subject to, and not controlled by any entity or individual that is subject to, a temporary suspension or a debarment imposed by the Caribbean Development Bank (CDB)or subject to a public debarment by an MDB which is a signatory to the Agreement on Mutual Enforcement of Debarment Decisions. Further, we are not ineligible under the Employer’s country laws or official regulations or pursuant to a decision of the United Nations Security Council;

(e)**State-owned enterprise or institution:** ***[insert either "we are not a******state-owned entity" or "we are a state-owned entity, but meet the requirements]****;*

(f) **Subcontractors and Specialised Subcontractors:** we plan to subcontract the following key activities and/or parts of the works:

(g) **Commissions, gratuities, fees:** we declare that the following commissions, gratuities, or fees have been paid or are to be paid with respect to the prequalification process, the corresponding bidding process or execution of the Contract:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Recipient** | **Address** | **Reason** | **Amount** |
| *[insert full name for each occurrence]* | *[insert street/ number/city/country]* | *[indicate reason]* | *[specify amount currency, value, exchange rate and US$ equivalent]* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*[****If no payments are made or promised, add the following statement****: “No commissions or gratuities have been or are to be paid by us to agents or any third party relating to this Application].*

(h) **Not bound to accept:** We understand that you may cancel the prequalification process at any time and that you are neither bound to accept any application that you may receive nor to invite the prequalified Applicants to bid for the contract subject of this prequalification process, without incurring any liability to the Applicants, and

(i) **True and Correct:** All information, statements and description contained in the Application are in all respect true, correct and complete to the best of our knowledge and belief.

Signed: ***[insert signature(s) of an authorised representative(s) of the Applicant ]***

*Name:* ***[insert full name of person signing the application]***

In the Capacity of: ***[insert capacity of person signing the application]***

Duly authorised to sign the application for and on behalf of: Applicant’s Name: ***[insert full name of Applicant]***

Address: ***[insert street number/town or city/country address]***

Dated on: ***[insert day number]***day of ***[insert month]****,* ***[insert year]***

***[For a joint venture, either all partners shall sign or only the authorised representative, in which case the power of attorney to sign on behalf of all partners shall be attached]***

**Form ELI -1.1**

Applicant Information Form

Date: ***[insert day, month, year]***
ICB No. and title: ***[insert ICB number and title]***
Page***[insert page number]*** of ***[insert total number]*** pages

|  |
| --- |
| Applicant's legal name***[insert full legal name]*** |
| In case of Joint Venture (JV), legal name of each partner:***[insert full legal name of each partner in JV]*** |
| Applicant's Actual or Intended country of constitution:***[indicate country of Constitution]*** |
| Applicant's actual or Intended year of constitution:***[indicate year of Constitution]*** |
| Applicant's legal address in country of registration:***[insert street/ number/ town or city/ country]*** |
| Applicant's authorised representative informationName: ***[insert full legal name]***Address: ***[insert street/ number/ town or city/ country]***Telephone/Fax numbers: ***[insert telephone/fax numbers, including country and city codes]***E-mail address: ***[indicate e-mail address]*** |
| 1. Attached are copies of original documents of:🞎 Articles of Incorporation or Documents of Constitution, and documents of registration of the legal entity named above🞎 In case of state-owned enterprise or institution, documents establishing:* Legal and financial autonomy
* Operation under commercial law

2. Included are the organisational chart, a list of Board of Directors, and the beneficial ownership. |

**Form ELI -1.2**

Applicant's Party Information Form

***[The following form is additional to Form ELI – 1.1., and shall be completed to provide information relating to each JV member (in case the Applicant is a JV) as well as any Specialised Subcontractor proposed to be used by the Applicant for any part of the Contract resulting from this prequalification.]***

Date: ***[insert day, month, year]***ICB No. and title: ***[insert ICB number and title]***Page ***[insert page number]***of ***[insert total number]***pages

|  |
| --- |
| JV Applicant legal name:***[insert full legal name]*** |
| Applicant's Party legal name:***[insert full legal name of Applicant's Party]*** |
| Applicant's Party country of registration:***[indicate country of registration]*** |
| Applicant Party's year of constitution:***[indicate year of constitution]*** |
| Applicant Party's legal address in country of registration:***[insert street/ number/ town or city/ country]*** |
| Applicant Party's authorised representative informationName: ***[insert full legal name]***Address: ***[insert street/ number/ town or city/ country]***Telephone/Fax numbers: ***[insert telephone/fax numbers, including country and city codes]***E-mail address: ***[indicate e-mail address]*** |
| 1. Attached are copies of original documents of:
* Articles of Incorporation or Documents of Constitution, and documents of registration of the legal entity named above.

🞎 In case of JV, letter of intent to form JV or JV agreement.🞎 In case of state-owned enterprise or institution documents establishing:* Legal and financial autonomy
* Operation under commercial law

2. Included are the organisational chart, a list of Board of Directors, and the beneficial ownership. |

**Form CON – 2**

Historical Contract Non-Performance and Pending Litigation and Litigation History

*[The following table shall be filled in for the Applicant and for each partner of a Joint Venture]*

Applicant’s Legal Name: ***[insert full name]***Date: ***[insert day, month, year]***Joint Venture Party Legal Name:***[insert* *full name]***ICB No. and title: ***[insert ICB number and title]***Page ***[insert page number]***of ***[insert total number]***pages

|  |
| --- |
| Non-Performing Contracts in accordance with Section IV, Qualification Criteria and Requirements |
| 🞎 Contract non-performance did not occur since 1st January ***[insert year****]* specified in Section IV, Qualification Criteria and Requirements, Sub-Factor 2.1.🞎 Contract(s) not performed 1st January ***[insert year]*** specified in Section IV, Qualification Criteria and Requirements, requirement 2.1 |
| **Year** | **Non- performed Portion of Contract** | **Contract Identification** | **Total Contract Amount (current value, USD equivalent)** |
| ***[insert year]*** | ***[insert amount and percentage]*** | Contract Identification: ***[indicate complete contract name/number, and any other identification]***Name of Employer: ***[insert full name]***Address of Employer: ***[insert street/city/country]***Reason(s) for non-performance: ***[indicate main reason(s)]*** | ***[insert amount]*** |
| Pending Litigation, in accordance with Section IV, Qualification Criteria and Requirements |
| 🞎 No pending litigation in accordance with Section IV, Qualification Criteria and Requirements, Sub-Factor 2.3. |
| 🞎 Pending litigation in accordance with Section IV, Qualification Criteria and Requirements, Sub-Factor 2.3 as indicated below. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Year of Dispute** | **Amount in dispute (currency)** | **Contract Identification** | **Total Contract Amount (currency), USD Equivalent (exchange rate)** |
| ***[insert year]*** | ***[insert amount]*** | Contract Identification: ***[indicate complete contract name, number, and any other identification]***Name of Employer: ***[insert full name]***Address of Employer: ***[insert street/city/country]***Matter in dispute: ***[indicate main issues in dispute]***Party who initiated the dispute: ***[indicate “Employer” or “Contractor”]***Status of dispute***: [Indicate if it is being treated by the Adjudicator, under Arbitration or being dealt with by the Judiciary]*** | ***[insert amount]*** |
| Litigation History in accordance with Section IV, Qualification Criteria and Requirements |
| 🞎 No Litigation History in accordance with Section IV, Qualification Criteria and Requirements, Sub-Factor 2.4.🞎 Litigation History in accordance with Section IV, Qualification Criteria and Requirements, Sub-Factor 2.4 as indicated below. |
| **Year of Award** | **Outcome as Percentage of Net Worth** |  **Contract Identification** | **Total Contract Amount (currency), USD Equivalent (exchange rate)** |
| **[*insert year*]** | ***[insert percentage]*** | Contract Identification: ***[indicate complete contract name, number, and any other identification]***Name of Employer: ***[insert full name]***Address of Employer: ***[insert street/city/country]***Matter in dispute: ***[indicate main issues in dispute]***Party who initiated the dispute: ***[indicate “Employer” or “Contractor”]***Reason(s) for Litigation and award decision ***[indicate main reason(s)]*** | ***[insert amount]*** |

**Form CON – 3**

ESHS Performance Declaration

***[The following table shall be filled in for the Applicant, each member of a Joint Venture and each Specialised Subcontractor]***

Applicant’s Legal Name: ***[insert full name]***

Date: ***[insert day, month, year]***

Joint Venture Party Legal Name: ***[insert full name]***

ICB No. and title: ***[insert ICB number and title]***

Page ***[insert page number]*** of ***[insert total number]*** pages

|  |
| --- |
| **Environmental, Social, Health and Safety (ESHS) Performance Declaration** **in accordance with Section IV, Qualification Criteria, and Requirements** |
| 🞎 **No suspension or termination of contract**: An employer has not suspended or terminated a contract and/or called the performance security for a contract for reasons related to Environmental, Social, Health and Safety (ESHS) performance since the date specified in Section IV, Qualification Criteria, and Requirements, Sub-Factor 2.5.🞎 **Declaration of suspension or termination of contract**: The following contract(s) has/have been suspended or terminated and/or Performance Security called by an employer(s) for reasons related to Environmental, Social, Health and Safety (ESHS) performance since the date specified in Section IV, Qualification Criteria, and Requirements, Sub-Factor 2.5. Details are described below: |
| **Year** | **Suspended or Terminated Portion of Contract** | **Contract Identification** | **Total Contract Amount (current value, currency, exchange rate and USD equivalent)** |
| ***[insert year]*** | ***[insert amount and percentage]*** | Contract Identification: ***[indicate complete contract name/ number, and any other identification.]***Name of Employer: ***[insert full name]***Address of Employer: ***[insert street/city/country]***Reason(s) for suspension or termination: ***[indicate main reason(s) e.g. gender based violence; sexual exploitation or assault breaches; safety breaches]*** | ***[insert amount]*** |
| ***[insert year]*** | ***[insert amount and percentage]*** | Contract Identification: ***[indicate complete contract name/ number, and any other identification.]***Name of Employer: ***[insert full name]***Address of Employer: ***[insert street/city/country]***Reason(s) for suspension or termination: ***[indicate main reason(s)]*** | ***[insert amount]*** |
| *…* | *…* | *[list all applicable contracts]* |  |
| **Performance Security called by an Employer(s) for reasons related to ESHS Performance** |
| **Year** | **Contract Identification** | **Total Contract Amount (current value, currency, exchange rate and USD equivalent)** |
| ***[insert year]*** | Contract Identification: ***[indicate complete contract name/ number, and any other identification.]***Name of Employer: ***[insert full name]***Address of Employer: ***[insert street/city/country]***Reason(s) for calling of performance security: ***[indicate main reason(s) e.g. gender-based violence; sexual exploitation or assault breaches.]*** | ***[insert amount]*** |

**Form FIN – 3.1**

Financial Situation

***[The following table shall be filled in for the Applicant and for each partner of a Joint Venture]***

 Applicant’s Legal Name: ***[insert full name]***

Date: ***[insert day, month, year]***

Applicant’s Party Legal Name*:****[insert full name]***

ICB No. and title: ***[insert ICB number and title]***

Page ***[insert page number]***of ***[insert total number]***pages

**1. Financial Data**

|  |  |
| --- | --- |
| **Financial information** **(USD equivalent in 000s)** | **Historic information for previous *[insert number]*****years**, ***[insert in words]*****(Amount in currency, currency, exchange rate, USD equivalent)** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **Statement of Financial Position (Information from Balance Sheet)** |
| Total Assets (TA) |  |  |  |  |  |
| Total Liabilities (TL) |  |  |  |  |  |
| Total Equity/Net Worth (NW) |  |  |  |  |  |
| Current Assets (CA) |  |  |  |  |  |
| Current Liabilities (CL) |  |  |  |  |  |
| Working Capital (WC) |  |  |  |  |  |
| **Information from Income Statement** |
| Total Revenue (TR) |  |  |  |  |  |
| Profits Before Taxes (PBT) |  |  |  |  |  |
| **Cash Flow Information** |
| Cash Flow from Operating Activities |  |  |  |  |  |

**2. Sources of Finance**

***[The following table shall be filled in for the Applicant and all parties combined in case of a Joint Venture]***

Specify sources of finance to meet the cash flow requirements on works currently in progress and for future contract commitments.

|  |  |  |
| --- | --- | --- |
| **No.** | **Source of Finance** | **Amount (USD equivalent)** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
|  |  |  |

**3. Financial documents**

The Applicant and its parties shall provide copies of financial statements for *[number]* years pursuant Section IV, Qualifications Criteria and Requirements, Sub-factor 3.1. The financial statements shall:

(a) reflect the financial situation of the Applicant or in case of JV member, and not an affiliated entity (such as parent company or group member).

(b) be independently audited or certified in accordance with local legislation.

(c) be complete, including all notes to the financial statements.

(d) correspond to accounting periods already completed and audited.

🞎 Attached are copies of financial statements[[1]](#footnote-1) for the *[number]* years required above; and complying with the requirements.

**Form FIN - 3.2**

Average Annual Turnover

***[The following table shall be filled in for the Applicant and for each partner of a Joint Venture]***

Applicant's/Joint Venture Partner's Legal Name: ***[insert full name]***Date: ***[insert day, month, year]***Applicant's Party Legal Name: ***[insert full name]***ICB No. and title: ***[insert ICB number and title]***Page ***[insert page number]***of ***[insert total number]***pages

|  |
| --- |
| **Annual Turnover Data** |
| **Year** | **Amount and Currency** | **Exchange Rate** | **USD Equivalent** |
| ***[insert year]*** | ***[insert amount and indicate currency]*** |  | ***[insert amount in USD equivalent]*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Average Annual Turnover \* |  |  |  |

\* Average annual turnover calculated as total certified payments received for work in progress or completed, divided by the number of years specified in Section IV, Qualification Criteria and Requirements, Sub-Factor 3.2.

**Form EXP - 4.1**

General Experience

***[The following table shall be filled in for the Applicant and for each partner of a Joint Venture]***

Applicant's/Joint Venture Partner's Legal Name: ***[insert full name]***Date: ***[insert day, month, year]***Applicant JV Party Legal Name: ***[insert full name]***ICB No. and title: ***[insert ICB number]***Page ***[insert page number]***of ***[insert total number]***pages

***[Identify contracts that demonstrate continuous work over the past [number] years pursuant to Section IV, Qualification Criteria and Requirements, Sub-Factor 4.1. List contracts chronologically, according to their commencement (starting) dates.]***

|  |  |  |  |
| --- | --- | --- | --- |
| **Starting****Month /****Year** | **Ending****Month /****Year** | **Contract Identification** | **Role of****Applicant** |
| ***[indicate month/ year]*** | ***[indicate month/ year]*** | Contract name: ***[insert full name]***Brief Description of the Works performed by the Applicant**: *[describe works performed briefly]***Amount of contract: ***[insert amount in currency, mention currency used, exchange rate and USD equivalent]***Name of Employer: ***[indicate full name]*** Address: ***[indicate street/number/town or city/country]*** | ***[insert "Prime Contractor” or “JV Member” or "Sub-contractor” or "Management Contractor”]*** |
|  |  | Contract name: ***[insert full name]***Brief Description of the Works performed by the Applicant: ***[describe works performed briefly]***Amount of contract: ***[insert amount in currency, mention currency used, exchange rate and US$ equivalent]***Name of Employer: ***[indicate full name]*** Address: ***[indicate street/number/town or city/country]*** | ***[insert "Prime Contractor” or “JV Member” or "Sub-contractor” or "Management Contractor”]*** |
|  |  | Contract name: ***[insert full name]***Brief Description of the Works performed by the Applicant: ***[describe works performed briefly]***Amount of contract: ***[insert amount in currency, mention currency used, exchange rate and USD equivalent]***Name of Employer: ***[indicate full name]***Address: ***[indicate street/number/town or city/country]*** | ***[insert "Prime Contractor” or “JV Member” or "Sub-contractor” or "Management Contractor”]*** |

**Form EXP - 4.2(a)**

Similar Experience

***[The following table shall be filled in for contracts performed by the Applicant,***

***each partner of a Joint Venture, and specialist sub-contractors]***

Applicant's/Joint Venture Partner's Legal Name: ***[insert full name]***Date: ***[insert day, month, year]***JV Party Name: ***[insert full name]***ICB No. and title: ***[insert ICB number and title]***Page ***[insert page number]***of ***[insert total number]***pages

|  |  |
| --- | --- |
| **Similar Contract No. *[insert number]* of *[insert number of similar contracts required]*** | **Information** |
| Contract Identification | ***[insert contract name and number, if applicable]*** |
| Award Date | ***[insert day, month, year, i.e., 15 June, 2015]*** |
| Completion Date | ***[insert day, month, year, i.e., 03 October, 2017]*** |
| Role in Contract ***[check the appropriate box]*** | Prime Contractor🞎 | Member in JV 🞎 | Management Contractor🞎 | Subcontractor🞎 |
| Total Contract Amount | ***[insert total contract amount in local currency]*** | ***[insert Exchange rate and total contract amount in USD equivalent]*** |
| If partner in a JV, or subcontractor, specify share in value in total Contract amount and roles and responsibilities | ***[insert a percentage amount]*** | ***[insert total contract amount in local currency]*** | ***[insert exchange rate and total contract amount in USD equivalent]\**** |
| ***[Insert roles and responsibilities]*** |
| Employer's Name: | ***[insert full name]*** |
| Address:Telephone/fax numberE-mail: | ***[indicate street / number / town or city / country]******[insert telephone/fax numbers, including country and city area codes]******[insert e-mail address, if available]*** |

**Form EXP - 4.2(a) (cont.)**

**Similar Experience (cont.)**

|  |  |
| --- | --- |
| **Similar Contract No. *[insert number]* of *[insert number of similar contracts required]*** | **Information** |
| Description of the similarity in accordance with Sub-Factor 4.2(a) of Section IV: |  |
| Amount | ***[insert amount in local currency, exchange rate, USD in words and in figures]*** |
| Physical size of required works items | ***[insert physical size of activities]*** |
| Complexity | ***[insert description of complexity]*** |
| Methods/Technology | ***[insert specific aspects of the methods/technology involved in the contract]*** |
| Rate for Key Activities | ***[insert rates and items*]** |
| Other Characteristics | ***[insert other characteristics as described in Section  VII, Scope of Works]*** |

**Form EXP - 4.2(b)**

Experience in Key Activities

Applicant's Legal Name: ***[insert full name]***Date: ***[insert day, month, year]***Applicant's Party Legal Name: ***[insert full name]***Nominated Subcontractor's Legal Name: ***[insert full name]***ICB No. and title: ***[insert ICB number and title]***

Page ***[insert page number]***of ***[insert total number]***pages

All Subcontractors for key activities must complete the information in this form as per Section IV, Qualification Criteria and Requirements, Sub-Factor 4.2.

**1.** **Key Activity No One:** ***[insert brief description of the Activity, emphasizing its specificity]***

Total Quantity of Activity under the contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Item** | **Information** |
| Contract Identification | ***[insert contract name and number, if applicable]*** |
| Award Date | ***[insert day, month, year, e.g., 15 June, 2017]*** |
| Completion Date | ***[insert day, month, year, e.g., 03 October, 2019]*** |
| Role in Contract***[check the appropriate box]*** | Prime Contractor🞎 | Member in JV🞎 | Management Contractor🞎 | Sub-contractor🞎 |
| Total Contract Amount | ***[insert total contract amount in contract currency(ies)]*** |  ***[insert exchange rate and total contract amount in USD equivalent]*** |
| Quantity (Volume, number or rate of production, as applicable) performed under the contract per year or part of the year.***[Insert extent of participation indicating actual quantity of key activity successfully completed in the role performed]***  | Total Quantity in the Contract(i) | Percentage Participation(ii) | Actual Quantity Performed (i) x (ii) |
| Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
| Year 4 |  |  |  |
| Employer’s Name:Address:Telephone/fax numberE-mail: | ***[insert full name]******[indicate street / number / town or city / country]******[insert telephone/fax numbers, including country and city area codes]******[insert e-mail address, if available]*** |

1. **Activity No. Two**

|  |  |
| --- | --- |
| **Item** | **Information** |
| Description of the key activities in accordance with Sub-Factor 4.2(b) of Section IV: |  |
|  | ***[insert response to inquiry indicated in left column]*** |
|  |  |
|  |  |
|  |  |
|  |  |

**Form EXP - 4.2(c)**

**Specific Experience in Managing ESHS Aspects**

***[The following table shall be filled in for contracts performed by the Bidder,***

***and each member of a Joint Venture]***

Applicant's/Joint Venture Partner's Legal Name: ***[insert full name]***Date: ***[insert day, month, year]***JV Party Name: ***[insert full name]***ICB No. and title: ***[insert ICB number and title]***Page ***[insert page number]***of ***[insert total number]***pages

* + - 1. **Key Requirement No. 1 in accordance with 4.2 (c)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Contract Identification |  |
| Award Date |  |
| Completion Date |  |
| Role in Contract | Prime Contractor🞎 | Member in JV 🞎 | Management Contractor🞎 | Subcontractor 🞎 |
| Total Contract Amount |  | USD  |
| Details of relevant experience |  |

* + - 1. **Key Requirement No. 2 in accordance with 4.2 (c): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***
			2. **Key Requirement No. 3 in accordance with 4.2 (c): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***
			3. …
1. If the most recent set of financial statements is for a period earlier than 12 months from the date of Application, the reason for this should be justified. [↑](#footnote-ref-1)