



CAPITOL AREA REGIONAL CENTER™
888 SIXTEENTH STREET NW, SUITE 800
WASHINGTON, DC 20006
T. 1-202-349-9848
F. 1-202-355-1399

SUITABILITY EVALUATION

PERSONAL INFORMATION (Print)

APPLICANT NAME: _____

GENDER: ___ DATE OF BIRTH: ___ YR ___ MO. ___ DAY

PLACE OF BIRTH: _____ NATIONALITY: _____

ID CARD NO. _____ COUNTRY OF ISSUE: _____
NOTE: Identification card or passport number, including country of issuance or US taxpayer identification number.

ADDRESS: _____

CITY: _____ COUNTY/PROVINCE: _____

COUNTRY: _____ POSTAL/ZIP CODE: _____

CELLULAR PHONE: _____ HOME: _____

FAX: _____ EMAIL: _____

MARITAL STATUS: ___S___M___ DIVORCED/WIDOW: ___

EMPLOYER: _____

BUSINESS ADDRESS: _____

CITY: _____ COUNTRY/PROVINCE: _____

COUNTRY: _____ POSTAL/ZIP CODE: _____

POSITION: _____ START DATE: _____

ANNUAL SALARY: _____ OTHER COMP: _____

SPOUSE NAME: _____

GENDER: ___ DATE OF BIRTH: ___ YR ___ MO. ___ DAY

PLACE OF BIRTH: _____ NATIONALITY: _____

ID CARD NO. _____ COUNTRY OF ISSUE: _____
NOTE: Identification card or passport number, including country of issuance or US taxpayer identification number.

CHILDREN (Under the age of 21):

NAME: _____

GENDER: ___ DATE OF BIRTH: ___ YR ___ MO. ___ DAY

NAME: _____

GENDER: ___ DATE OF BIRTH: ___ YR ___ MO. ___ DAY

HAVE YOU OR YOUR SPOUSE PREVIOUSLY VISITED THE UNITED STATES? YES NO

BEEN REFUSED ADMISSION? YES NO

IF YES, EXPLAIN: _____

HAVE YOU OR YOUR SPOUSE EVER FILED FOR BANKRUPTCY OR BEEN CONFLICTED OF A CRIME? YES NO

IF YES, EXPLAIN: _____

VERIFICATION: Please supply copies or send via fax or email two (2) of the following for the Applicant or Applicant and Spouse as applicable:

- Valid government issued driver's license including photograph
- Valid passport
- National Identity card with photograph

CONFIDENTIAL

FINANCIAL CONDITION

DOES YOUR FAMILY MEET ONE OR BOTH OF THE FOLLOWING?

- 1. US\$200,000 ANNUAL INCOME THIS YEAR *and* PAST 2 YEARS: YES NO; **OR**

- 2. NET WORTH IN EXCESS OF US\$1,000,000: YES NO

DELIVERY INSTRUCTIONS

Sign and send this Evaluation via the following (please retain a copy for your records):

- 1. IN PERSON TO: A CARc™ REPRESENTATIVE, *OR*
- 2. BY EMAIL TO: INFO@EB5DC.COM, *OR*
- 3. VIA FAX TO GCMA: 1-888-317-4880

INVESTMENT & ACKNOWLEDGEMENT

PROPOSED MINIMUM INVESTMENT AMOUNT:

- USD\$500,000 USD\$1,000,000

Pursuant to CARc™ and HSBC Bank policies to obtain information needed to comply with applicable rules regarding knowledge of the identity of their investors and customers, and to induce CARc™ to provide the Applicant with an Application to participate, Offering and Subscription documents for CARc Job Funds, Applicant hereby provides the information contained herein, including evidence of identity, the proposed amount expected to be deposited under the Escrow Agreement with HSBC upon subscription to the Fund and invested therein upon approval of Investor's visa petition (I-526), a specimen signature of the Investor, and certain additional information about the Applicant's financial status, family members and background.

Applicant acknowledges that the determination of suitability of the Applicant to be offered an opportunity to invest in a CARc™ approved Job Fund and to participate in its EB-5 Immigrant Investor Program are at the sole discretion of CARc™, and further subject to Applicant's submission of a fully completed Application and due diligence thereof by CARc™.

Applicant hereby acknowledges that both CARc™ and HSBC will rely on the accuracy of the information provided by Applicant and contained in this Evaluation, and furthermore represents to CARc™ and HSBC that the information contained herein is true and correct as of this date.

SIGNATURE OF APPLICANT:

SIGNED ON THIS ____ DAY OF ____ MONTH ____ YEAR

WITNESS:

PRINT WITNESS NAME:
