

**INTERNATIONAL FINANCE CORPORATION
AZERBAIJAN CORPORATE GOVERNANCE PROJECT**

PILOT PROGRAM APPLICATION FORM

Date: _____

Company name and legal form: _____

Your name and title: _____

Contact Information	
Business address:	
Chairman of the Supervisory Board:	
General Director or Chairman of the Management Board:	
Contact person from your company who will be responsible for the ACGP Pilot Program (please indicate name, title and contact information):	
Telephone:	E-mail:
Fax:	Internet site:

If you have not previously provided the ACGP Company Information Request form, please complete the enclosed form and attach it to your application.

Previous experience with Azerbaijan Corporate Governance Project	
How long have you worked with the ACGP (months)?	
How many ACGP seminars have your company representatives attended?	
Has the ACGP conducted any workshop for your company?	
How many consultations has your company received from the ACGP?	
How many ACGP recommendations have been implemented in your company	

Motivation for improvement of corporate governance

Which of the following bodies or groups have recommended improvements to the company's corporate governance? (please indicate all that apply)

General Meeting of Shareholders	Supervisory Board	Management Board	Controlling Shareholders	Minority Shareholders

What is your primary reason for wanting to improve your corporate governance?

Which specific issues related to corporate governance do you believe should be addressed under the Pilot Program?

Are you seeking additional capital? YES NO

If yes, please indicate the amount and the preferred form

Amount in USD: _____

Long term loan share issuance bonds other (*please specify*)

In your opinion why should the ACGP select you as a pilot company? (add additional pages if necessary)