**RESS 3 DECLARATION OF FINANCEABILITY (R3DD3)**

RESS 3 Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[insert RESS 3 Project Name]**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of **[address**]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the city/ county of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[**description/ occupation]** aged eighteen years and upwards make Oath and say as follows:-

1. I am a director of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[insert RESS 3 applicant company name]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [**insert Company Registration Number]** which has registered offices at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [**insert address of applicant company]** and I have regard to the fiduciary duties which I owe to this company by virtue of this role.
2. I hereby confirm that the RESS 3 Project as described in the RESS 3 Application for Qualification is “financeable” under the RESS 3 Terms and Conditions at the Offer Price to be submitted by the Qualified Applicant.
3. I certify that this RESS 3 Project (a) has or will have sufficient equity funding in place for the non-debt financing portion of the funding or commitments from investors to provide such equity funding and (b) has received indications or expressions of interest from lenders that the RESS 3 Project should receive the debt financing required to construct and operate the RESS 3 Project. I confirm that I understand that this requirement is continuous until the project is operational, in order to remain eligible for RESS 3 Support.

Sworn by the said (name)

At (address where affidavit sworn)

In the city of

Before me a Practising Solicitor

And I know the deponent/

The deponent has been identified to me by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who is personally known to me/

the identity of the deponent has been established by him/ her

 by reference to (state photo document) of the deponent

this \_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Practising Solicitor

|  |  |
| --- | --- |
|  (Person who identified the Deponent) I certify that I know the deponent   |  |