



# Request for Registration for Political Risk Insurance

## **Overseas Private Investment Corporation**

An Agency of the United States Government  
1100 New York Avenue, N.W.  
Washington, D.C. 20527

### **Insurance Department**

Tel : 202/336-8595  
Fax : 202/408-5142

**NOTICE:** The public reporting burden for this collecting of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Forms Manager, Office of Management Services, Overseas Private Investment Corporation, 1100 New York Avenue, N.W., Washington, D.C., 20527; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.



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OPIC 50 OMB No. 3420-0001 Exp. 09/30/01

## INSTRUCTIONS

Thank you for informing us of your interest in OPIC programs. This form is to be used in registering proposed investment projects for OPIC political risk insurance. To ensure that the project remains eligible for OPIC insurance, you should submit this form to OPIC prior to making an irrevocable investment commitment. Registration letters will not be issued for investments irrevocably committed prior to the date of your request. This form may also be downloaded from OPIC's web site at <http://www.opic.gov/subdocs/forms.htm>.

There is no fee for registering a project for OPIC insurance. Upon acceptance of this request, you will receive a letter from OPIC acknowledging that your project has been registered. *The letter does not commit OPIC to providing political risk insurance, nor does registration commit the applicant to purchasing OPIC insurance.* For insurance to be issued, the investor must submit a formal application for insurance (wherein the information submitted in this registration form may be amended) and the investment must meet all statutory and policy requirements. For your convenience, OPIC can provide you with the application in printed form as well as on disk. The application form may also be downloaded from OPIC's web site at <http://www.opic.gov/subdocs/forms.htm>.

Please type or print clearly. Please sign this form prior to submitting it, and write the name in Question 1, Line 1 at the top of page 2. If you have questions or require further assistance, please do not hesitate to contact OPIC's Insurance Applications Officer at 202/336-8595.

## APPLICANT

1	Investor or Company Name:
	Address:
	City: State: Zip Code:
	Parent Company Name (if any):
	Contact:
	Title:
	Applicant's (or parent company's, if any) most recent consolidated annual sales (or stockholder's equity for non-industrial companies): \$
	Telephone: Fax:
2	Applicant is: <input type="checkbox"/> A U.S. citizen <input type="checkbox"/> An entity more than 50% beneficially owned by U.S. citizens <input type="checkbox"/> A foreign corporation more than 95% owned by one or more such U.S. entities or U.S. citizens <input type="checkbox"/> A foreign entity (other than a corporation) 100% owned by one or more such U.S. entities or U.S. citizens

## PROJECT LOCATION

3	City: Country:
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## PROJECT DESCRIPTION

4	<b>A</b> Please describe the project. What products /services will be rendered?
	<b>B</b> Will you have a contract with the host government to provide these products or services? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>C</b> The enterprise you will be investing in is: <input type="checkbox"/> New <input type="checkbox"/> An existing business to be expanded or improved.
	<b>D</b> Does the host government have any investment in the enterprise? <input type="checkbox"/> No <input type="checkbox"/> Yes, the government owns: %

