

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.

Αŀ	APPLICANT							
1	ln۱	nvestor or Company Name:						
	Ac	Address:						
	Ci	ty: State: Zip Code:						
	Pa	Parent Company Name (if any):						
	Contact:							
	Title:							
		oplicant's (or parent company's, if any) most recent consolidated annual sales (or stockholder's equity for on-industrial companies):	\$					
	Те	lephone: Fax:						
2	Αŗ	Applicant is: A U.S. citizen An entity more than 50% beneficially owned by U.S. citizens						
		ens						
Ρŀ	₹O	JECT LOCATION						
3		City: Country:						
ΡF	₹0.	JECT DESCRIPTION						
4	Α	A Please describe the project. What products /services will be rendered?						
	B Will you have a contract with the host government to provide these products or services?							
C The enterprise you will be investing in is: □ New □ An existing business to be expanded or impression of the enterprise you will be investing in is:								
	D	Does the host government have any investment in the enterprise? No Yes, the government owns:	%					

PRIVILEGED BUSINESS INFORMATION

Page 2 of Registration Request for (Name in Question 1, Line 1):							
INVESTMENT TO BE MADE BY APPLICANT							
5	Α	Total amount of investment and/or exposure:		\$			
	В	Estimated date of investment:					
	c	What do you plan to insure?	Under the Contractor's and Exporter's program:				
		☐ Equity ☐ Loan/Loan Guaranty	☐ Bid Bond ☐ Assets				
		☐ Debt ☐ Technical Assistance	Contract Disputes				
		Lease	Performance or Advance Payment Guarantic	es			
		Other:					
	П	JECT RESULTS					
6	Н	Could this project result in reduced U.S. employment?		Yes No			
	ш	B Could this project result in significant adverse environmental impacts?					
		JRANCE BROKER wish to designate a U.S. licensed broker or agency as the broker for	or this project, you must do so at this time.				
7	Na	Name:					
	Titl	Title:					
	Company:						
	Ad	ddress:					
	Cit	ty: St	ate: Zip Code:				
	Telephone: Fa		ax:				
8	Wi	Will the broker complete the OPIC insurance application?					
		NATURE signing below, the registrant hereby affirms that no portion of this investn	nent has been made or irrevocably committed as of th	ne date appearing below.			
By signing below, the registrant hereby affirms that no portion of this investment has been made or irrevocably committed as of the date appearing below. Signature:							
Na	me	(Please Print):					
Title:							
Inv	esto	or/Company:	Date:				
FOR OPIC USE ONLY							
Ro	ute	То:	Approved				
Registration No.:			Signature: Date:				
Reg	gisti	ration Date:	Special Letter (specify):				
Project Description:			Issue Letter of Intent				
			Rejected				
SIC Code:			Signature:	Date:			