

## Request for Registration for Political Risk Investment 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.

#### PRIVILEGED BUSINESS INFORMATION

# Request for Registration for Political Risk Investment Insurance



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OPIC 50 OMB No. 3420-0001 Exp. 8/31/04

#### 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 investment 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.

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.

Remember to type the applicant's 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.

_								
	Investor or Company Name:							
	Ac	ddress:						
	Cit	ty: State: Zip Code:						
	Parent Company Name (if any):							
	Co	ontact:						
	Tit	ele:						
	Ap	Applicant's (or parent's, if any) most recent consolidated annual sales (or stockholder's equity for non-industrial companies):						
	Те	elephone: Fax:						
2	Ap	Applicant is: A U.S. citizen An entity more than 50% beneficially owned by U.S. citizens						
	A foreign corporation more than 95% owned by one or more such U.S. entities or U.S. citizens							
		A foreign entity (other than a corporation) 100% owned by one or more such U.S. entities or U.S. citizens						
3	City: Country:							
	·							
4		A Please describe the project. What products /services will be rendered?						
	В	Will you have a contract with the host government to provide these products or services?  Yes No						
	С	The enterprise you will be investing in is:  New  An existing business to be expanded or improved.						
	D	Does the host government have any investment in the enterprise?  No Yes, the government owns: %						

Page 2 of Registration Request for (Name in Question 1, Line 1):							
	INVESTMENT TO BE MADE BY APPLICANT						
5	A	Total amount of investment and/or exposure:		\$			
	В	Estimated date of investment:					
	С	What do you plan to insure?	Under the Contractor's and Exporter's program:				
		Equity Loan/Loan Guaranty	☐ Bid Bond				
		Debt Technical Assistance	Contract Disputes				
		Lease Other:	Performance or Advance Payment Guara	nties			
Pi							
6	Α	Could this project result in reduced U.S. employment?		Yes No			
	В	Could this project result in significant procurement from other indus	strialized countries (e.g., Japan, France, etc.)?	Yes No			
INSURANCE BROKER  If you wish to designate a U.S. licensed broker or agency as the broker for this project, you must do so at this time.							
7							
	Titl	e:					
	Company:						
		<u> </u>					
	Ad	dress:					
	Cit	y:	State: Zip Code	:			
Telephone: Fax:		ephone:	Fax:				
8	Wi	/ill the broker complete the OPIC insurance application?					
9	Но	How did you hear about OPIC? Conference OPIC web site Other Govt. Agency (specify SBA, TDA, etc.):					
	☐ Insurance Broker ☐ Former/Other OPIC clients ☐ Other (specify):						
SI	GN	ATURE "I hereby affirm that no portion of this investment has beer	n made or irrevocably committed as of the date an	nearing helow "			
Sig	nati	ure:	Timade of inevelously committed at or the date up	podining bolow.			
		(Please Print):					
		· · · · · · · · · · · · · · · · · · ·					
Title:							
Investor/Company: Date:							
FOR OPIC USE ONLY  Route To:  Approved							
Re	aistr	ration No.:	Signature:	Date:			
		ration Date:	Issue Sensitive Industry Registration				
		Description:	Issue Letter of Intent				
. 10	,500		Rejected				
SIC Code:			Signature:	Date:			
SIC	, 00	ouc.	Olynatule.	Date.			