

OPIC Self Monitoring Questionnaire

For Finance, Insurance and Investment Funds Projects

Please read the following information carefully. This form requests information from OPIC clients, which is required annually by OPIC's governing legislation. The information provided in this questionnaire will allow OPIC to assess better the impact of OPIC-assisted projects on the U.S. economy, the environment, host country economic development, and workers' rights conditions associated with OPIC-supported investments.

Complete responses to the collection of information in this form are mandatory, per the Foreign Assistance Act of 1961, as amended, Section 231(k)(2). Client information contained in this questionnaire will be deemed as privileged or confidential in accordance with OPIC's Freedom of Information Act (FOIA) regulations (22 CFR part 706) and will be treated as confidential to the extent permitted by the FOIA. An Agency may not conduct or sponsor, and a person is not required to respond to, a request for information unless it displays a valid OMB control number with an expiration date that has not expired.



Instructions:

The Self Monitoring Questionnaire (SMQ) is divided into two sections. Please note that users are required to only complete one section, not both sections.

Section A is to be completed by all OPIC Finance and Insurance projects and by all OPIC Investment Funds and framework agreement/lending facility subprojects ***unless otherwise directed*** by OPIC staff from the Office of Investment Policy (OIP).

Section B is to be completed by Financial Intermediary transactions ***if directed*** by OPIC staff from the Office of Investment Policy (OIP). As such, the term "financial intermediary" refers to, but is not limited to, general lending banks, specialized lending institutions, mortgage facilities, microfinance institutions, private equity funds, and other capital market transactions. *Where available, please provide information for only OPIC-supported activities – not for the institution as a whole.*

The Self Monitoring Questionnaire (SMQ) may be completed online. In order to access the questionnaires, please go to <https://www2.opic.gov/smq/login.asp>. You will be asked to enter the project type, contract number, and password. The OPIC contract number and passwords are provided annually on the reminder letters sent to you by OPIC staff. If you do not know your contract number and password, please email SMQ@opic.gov and you will be sent the correct contract number and password related to the project. Alternatively, the Self Monitoring Questionnaire may be emailed or faxed to OIP. In this case, please email the Questionnaire to SMQ@opic.gov or fax the SMQ to the following number: 202-408-9859.

Please answer all questions as completely as possible. If space is inadequate, please supply additional information on separate sheets of paper and attach them to this form. For all questions, the terms "Project" and "Financial Intermediary" refer to the new investment associated with the OPIC insurance contract and/or finance agreement identified by number above. If this investment is an expansion of an existing enterprise, or otherwise only part of an enterprise, only the incremental effects directly related to and resulting from the new investment should be provided.

Some questions and bolded terms found in the SMQ may not be familiar to users of the questionnaire. As such, please consult the document entitled, "Guidelines for completing the OPIC Self-Monitoring Questionnaire" as complete instructions and definitions of terms are provided. If you do not have a copy of this document, please email SMQ@opic.gov.

Notice: Public reporting burden for this collecting of information is estimated to average 6.5 hours 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 Agency Forms Officer, Overseas Private Investment Corporation, 1100 New York Avenue, NW, Washington, DC 20527; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

Section A - Part I: Project Information

| | | | |
|--|---------------------------|---|--|
| U.S. Investor | | Contract /Loan # | |
| Is your company a <input type="checkbox"/> woman-owned business and/or <input type="checkbox"/> minority-owned business? | | | |
| Foreign Enterprise/ Project Name | | Country | |
| Project Description | | | |
| Original Estimate of New Investment in Foreign Enterprise (from all Sources) | | \$ | Amount Actually Invested in Foreign Enterprise to Date |
| | | | \$ |
| 1. Has the project description changed since it was originally approved by OPIC? If yes, please indicate the changes below: | | | |
| <input type="checkbox"/> | New business lines | <input type="checkbox"/> | Exited markets |
| <input type="checkbox"/> | New products or services | <input type="checkbox"/> | Exited product lines or services |
| <input type="checkbox"/> | New international markets | <input type="checkbox"/> | Other: |
| 2. Has the Project become operational? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <div style="text-align: center;"> ____ / ____ / ____ day month year </div> | |
| If yes, provide the date to the right. | | | |
| 3. Please specify the Project's most recently completed fiscal year and use data from this year to answer the following questions. | | Starting Month/Yr. | Ending Month/Yr. |

Section A - Part II: Host Country Developmental and U.S. Economic Impact Questions

| | | | |
|---|------------------------|------------------------|--|
| 4. How many people are employed in the following categories? | | | |
| | Managerial | Professional/Technical | Unskilled Labor |
| Local | | | |
| Expatriate | | | |
| 5. What percentage of these employees has received formal training? | | | |
| Managerial | Professional/Technical | Unskilled Labor | |
| % | % | % | |
| 6. Does the project provide training outside the host country? If yes, please indicate countries and type of training provided. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. What is the percentage of local ownership of the project? | | | % |
| 8. If there is local ownership, is the local owner a Small & Medium Enterprise (SME) ? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--------------------------------------|------------------------------|---------------------------------|
| 9. Does the project involve other development finance institutions (DFIs)? If yes, please indicate which organizations below: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Multilateral (e.g. World Bank, IFC): | <input type="checkbox"/> | Regional (e.g. IDB, ADB): |
| <input type="checkbox"/> | Bilateral (e.g. USAID, FMO): | <input type="checkbox"/> | Other: |
| 10. Does the project involve a public-private partnership ? If yes, please indicate what type of party is involved below: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Local government ministry: | <input type="checkbox"/> | International NGO: |
| <input type="checkbox"/> | Local NGO: | <input type="checkbox"/> | Other: |
| 11. Does the project company have (or will the company adopt) a written equal employment policy? If yes, please indicate below which bases are covered by the policy. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Race | <input type="checkbox"/> | Sex |
| <input type="checkbox"/> | Color | <input type="checkbox"/> | Political opinion |
| <input type="checkbox"/> | Religion | <input type="checkbox"/> | National extraction |
| <input type="checkbox"/> | Social origin | <input type="checkbox"/> | Other: |
| 12. Are there benefits or policies in place that specifically address the needs of women at the workplace? If yes, please indicate below: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Child care | <input type="checkbox"/> | Maternity leave |
| <input type="checkbox"/> | Non-harassment policies | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | Upper-level management | <input type="checkbox"/> | |
| 13. Does the project benefit a poor (e.g. rural) region of the host country? If yes, please indicate where below: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Rural region of host country | <input type="checkbox"/> | Poor urban area in host country |
| 14. Does the project extend company benefits to its employees? If yes, please select all benefits that apply: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Health coverage | <input type="checkbox"/> | Educational assistance |
| <input type="checkbox"/> | Daily meals | <input type="checkbox"/> | Bonus or incentive plan |
| <input type="checkbox"/> | Transportation | <input type="checkbox"/> | Private pension plan |
| <input type="checkbox"/> | Housing assistance | <input type="checkbox"/> | Other: |
| 15. Does the project provide benefits to the local community? If yes, please select all benefits that apply: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Recreational facilities | <input type="checkbox"/> | Scholarship programs |
| <input type="checkbox"/> | Schools | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | Medical clinics | | |
| 16. Does the project strengthen the physical, financial, or social infrastructure of the host country? If yes, please select from the list of infrastructure impacts below: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Water & Sanitation | <input type="checkbox"/> | Health |

| | | | |
|--|--|------------------------------|-----------------------------|
| <input type="checkbox"/> | Energy | <input type="checkbox"/> | Housing |
| <input type="checkbox"/> | Telecommunications | <input type="checkbox"/> | Food & Nutrition |
| <input type="checkbox"/> | Education | <input type="checkbox"/> | Financial Services |
| 17. How much did the project pay to host government in duties, taxes, and etc. last fiscal year? | | \$ | |
| 18. How much did the project procure in goods and services from host country suppliers last fiscal year? | | \$ | |
| 19. Did you enter this market as a result of any reform, new legislation or new regulations in the host country? If yes, please explain briefly below. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Has any new reform, legislation, or regulation taken place as a result of the project? If yes, please explain briefly below. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Does the project introduce innovative management practices? If yes, please explain briefly below. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Does the project bring new marketing and distribution strategies to the host country? If yes, please explain briefly below. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Does the project apply new production technologies for the first time? If yes, please explain briefly below. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Does the project market products available for the first time? If yes, please explain briefly below. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Does the project lower local prices? If yes, please explain briefly below. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. What is the total value of remittances (dividends, profits, loans/interest, royalties, etc.) from the project? | | | |
| 26a. | To the United States | \$ | |
| 26b. | To other countries, excluding the U.S. and the Host Country? | \$ | |
| 27. What was the value of the Project's final destination sales to the following: <i>(If multiple product lines, please provide information on each product on a separate sheet.)</i> | | | |
| 27a. | The Host Country | \$ | |
| 27b. | The U.S. | \$ | |
| 27c. | Other countries <i>in descending order of value</i>): | | |

| | | |
|---|--|--|
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. Remaining Sales | | \$ |
| 28. Has there been any decrease in the number of U.S. employees of the Project's investors (or affiliates) producing, processing, and/or supporting goods/services comparable to those of the Project? If yes, please explain the reason for the decrease in the space below. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section A - Part III: U.S. Supplier and Procurement Information

As indicated on the cover page, the client data you provide is privileged business information that OPIC treats as confidential, to the extent permitted by law. However, it is important for OPIC to be able to demonstrate some of the effects of your project. The historical supplier and procurement information is useful for OPIC to illustrate the specific benefits of your project for the U.S. economy. Unless you provide an attached sheet with a compelling reason why this information should not be made public, OPIC intends to use the information in public statements and releases.

Please check all that apply below

| Name of U.S. Supplier | City | State | Minority- owned business | Woman- owned business | U.S. small business | Type of Good or Service Please indicate if used (refurbished) | Amount Procured Most Recent Fiscal Year |
|------------------------------|-----------------|-----------|-------------------------------------|-----------------------------|-------------------------------------|---|--|
| | | | | | | | |
| <i>Acme, Inc.</i> | <i>Any town</i> | <i>NY</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>Widgets</i> | <i>\$ 100,000</i> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| <i>Remaining Procurement</i> | | | | | | | \$ |
| Totals | | | | | | | \$ |

Section A - Part IV: Environmental Impact Questions

| | | |
|---|------------------------------|-----------------------------|
| <p>29. Is the project currently in compliance with all conditions in the OPIC contract or consent with respect to environment, health and safety? If no, please describe the areas of non-compliance.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>30. Has the project been cited or fined for any violation of local or host country environmental, health or safety laws? If yes, please explain briefly below.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>31. Has the project submitted all OPIC-required reports on environment, health and safety? If yes, please list reports and dates of transmission of the reports.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>32. Have there been any changes in the design or capacity of the project that result in increased hazards to workers, area residents, or the environment? If yes, please describe briefly below.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>33. Have any accidents occurred that resulted in loss of human life or material impacts on the environment? If so, describe briefly below.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section A - Part V: Workers' Rights

| | | |
|--|------------------------------|-----------------------------|
| 34. Does the project involve physical construction? If yes, please list the approximate start and end dates of the construction. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Starting Month/Yr | Ending Month/Yr | |
| 35. Does the project utilize contractors and/or subcontractors? If yes, please briefly describe the contractor (s)/subcontractor (s) duties below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 36. Are any project workers (including all direct employees and contractors) unionized? If yes, please list the parts of the workforce that are unionized. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 37. Have there been any strikes at the project site or directly related to the project? If yes, please briefly describe the nature of the strike and list the start and end dates of the strike. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 38. Are there any workers under 18 years of age? If yes, please briefly describe the duties and age of the youngest worker. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 39. Does the project comply with applicable labor laws and the OPIC worker-related requirements? If no, please briefly describe the non-compliance and whether the issue (s) has been resolved. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section A - Part VI: Investor/Representative Certification

| | | |
|--|-------|----------------|
| I hereby represent the information provided in this document is complete and accurate to the best of my knowledge, and that I am an authorized representative of the project. | | |
| Signature: | Date: | Telephone: |
| Name and Title: | | Email address: |

Section B - Part I: Financial Intermediary Information

| | |
|--|----|
| OPIC Facility/Fund: | |
| Is the OPIC Facility/Fund a <input type="checkbox"/> woman-owned business and/or <input type="checkbox"/> minority-owned business? | |
| Financial Intermediary: | |
| Country(s): | |
| OPIC Participation: | \$ |
| Total Investment Amount: | \$ |
| Project Description: | |
| Contract/Loan #: | |

Section B - Part II: Financial Intermediary Profile

| | | | |
|---|--|--------------------------|--|
| 1. Type of financial intermediary (FI) organization | | | |
| <input type="checkbox"/> | Microfinance Institution: Non-profit | <input type="checkbox"/> | Commercial Bank: Government-owned |
| <input type="checkbox"/> | Microfinance Institution: For-profit | <input type="checkbox"/> | Commercial Bank: Private sector |
| <input type="checkbox"/> | Cooperative or Credit Union | <input type="checkbox"/> | Development Bank |
| <input type="checkbox"/> | Non-Bank Financial Institution (NBFI) | <input type="checkbox"/> | Other: |
| 2. How long has the FI been in operation? | | | Years |
| 3. How many new employees did the FI hire to support the increased lending activities made possible by the OPIC loan? | | | |
| | Managerial | Professional/Technical | Unskilled Labor |
| Local | | | |
| Expatriate | | | |
| 4. What percentage of these employees has received training? | | | |
| Managerial | Professional/Technical | Unskilled Labor | |
| % | % | % | |
| 5. What benefits does the FI provide to its employees? Check all that apply. | | | |
| <input type="checkbox"/> | Medical coverage | <input type="checkbox"/> | Transportation |
| <input type="checkbox"/> | Pension plans | <input type="checkbox"/> | Subsidized meal |
| <input type="checkbox"/> | Concessional loans | <input type="checkbox"/> | Other: |
| 6. Is the FI involved in any community outreach initiatives? If yes, please indicate below: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Recreation facilities | <input type="checkbox"/> | Scholarship programs |
| <input type="checkbox"/> | Schools | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | Medical clinics | | |

| | | | |
|---|--------------------------------------|------------------------------|-----------------------------|
| 7. Does the FI involve other development finance institution (DFI) participation? If yes, please indicate below type of DFI and specify the name of the institution(s): | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Multilateral (e.g. World Bank, IFC): | <input type="checkbox"/> | Regional (e.g. IDB, ADB): |
| <input type="checkbox"/> | Bilateral (e.g. USAID, FMO): | <input type="checkbox"/> | Other: |
| 8. Is the FI involved in any public-private partnerships ? If yes, please indicate below: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Local government ministry: | <input type="checkbox"/> | International NGO: |
| <input type="checkbox"/> | Local NGO: | <input type="checkbox"/> | Other: |
| 9. Does the FI adhere to the following good corporate governance measures? Please check all that apply. | | | |
| <input type="checkbox"/> | Governed by board | Accounting standard used: | |
| <input type="checkbox"/> | Regulated by: | <input type="checkbox"/> | Local Standard |
| <input type="checkbox"/> | Audited by: | <input type="checkbox"/> | GAAP |
| <input type="checkbox"/> | Rated by: | <input type="checkbox"/> | IFRS |
| <input type="checkbox"/> | Other: | <input type="checkbox"/> | Other: |

Section B - Part III: Lending Activities

Please use data from the most recent fiscal year of operations in answering the following questions:

| | |
|--|---------------------------------------|
| 10. Value of outstanding loan portfolio | \$ |
| 11. Number of active loans | |
| 12. Number of active borrowers | |
| 13. Financial revenue from loan portfolio | \$ |
| 14. Average outstanding loan size per borrower | \$ |
| 15. Maximum loan size to a single borrower | \$ |
| 16. Minimum loan size to a single borrower | \$ |
| 17. Median loan size to a single borrower | \$ |
| 18. Percentage of borrowers that are women (or women-managed businesses) | % |
| 19. Type of clients as a percentage of the portfolio | |
| % | Micro-entrepreneurs |
| % | Consumers |
| % | Small & Medium Enterprises |
| % | Large Corporations |
| % | Other: |

| | | | |
|---|----------------------------------|--|-----------------------------------|
| 20. A. Loan tenors as a percentage of the portfolio [for commercial lenders] | | B. Mortgage maturity period as a percentage of the portfolio [for mortgage lenders] | |
| % | < 6 months | % | < 5 years |
| % | 7 – 12 months | % | 6 - 10 years |
| % | 13 – 24 months | % | 11 - 15 years |
| % | 25 – 36 months: | % | 16 – 20 years |
| % | > 36 months | % | > 20 years |
| 21. A. Purpose of the loans as a percentage of the portfolio [for commercial lenders]. | | B. Purpose of the mortgages as a percentage of the portfolio [for mortgage lenders]. | |
| % | Working capital | % | New mortgages |
| % | Start-up capital | % | Mortgage refinancing |
| % | Expansion capital | % | Mortgage-backed securities |
| % | Equipment purchase | % | Home improvement loans |
| % | Other: | % | Other: |
| 22. A. Business activities/sectors of borrowers as a percentage of portfolio [for commercial lenders] | | B. Target of mortgages as a percentage of portfolio [for mortgage lenders] | |
| % | Manufacturing | % | Low-income homes |
| % | Agriculture | % | Middle-income homes |
| % | Construction | % | High-income homes |
| % | Transportation and Communication | % | Residential rental properties |
| % | Tourism | % | Commercial properties |
| % | Trade/Retail | % | Other: |
| % | Service | | |
| % | Other: | | |
| 23. Geographic distribution of borrowers as a percentage of portfolio | | | |
| % | Urban | | |
| % | Rural | | |
| % | Other: | | |

Section B - Part IV: Sustainability

| | |
|--|---|
| 24. For your latest fiscal year, please provide one or more of the following repayment performance measures that are applicable to the FI: | |
| % | Portfolio At Risk (PAR) Ratio |
| % | Write-off Ratio |
| % | Other: |
| 25. For your latest fiscal year, please provide one of the following profitability measures that is applicable to the FI: | |
| % | Return on Investment |
| % | Operational Self-Sufficiency Ratio |

| | |
|---|--------|
| % | Other: |
|---|--------|

Section B - Part V: Environmental Impact

| | | |
|---|------------------------------|-----------------------------|
| 26. Is the FI currently in compliance with all conditions in the OPIC contract or consent with respect to environment, health and safety? If no, please describe the areas of non-compliance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Has the FI been cited or fined for any violation of local or host country environmental, health or safety laws? If yes, please explain briefly below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Has the FI submitted all OPIC-required reports on environment, health and safety? If yes, please list reports and dates of transmission of the reports. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Have there been any changes in the design or capacity of the FI that result in increased hazards to workers, area residents, or the environment? If yes, please describe briefly below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Have any accidents occurred that resulted in loss of human life or material impacts on the environment? If so, describe briefly below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section B - Part VI: Workers' Rights

| | | |
|--|------------------------------|-----------------------------|
| 31. Does the FI's lending activity involve physical construction? If yes, please list the approximate start and end dates of the construction. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Starting Month/Yr | Ending Month/Yr | |
| 32. Does the FI utilize contractors and/or subcontractors for its lending activities? If yes, please briefly describe the contractor (s)/subcontractor (s) duties below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. Are any FI workers (including all direct employees and contractors) unionized? If yes, please list the parts of the workforce that are unionized. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34. Have there been any strikes at the FI? If yes, please briefly describe the nature of the strike and list the start and end dates of the strike. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 35. Are there any workers under 18 years of age? If yes, please briefly describe the duties and age of the youngest worker. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 36. Does the FI comply with applicable labor laws and the OPIC worker-related requirements? If no, please briefly describe the non-compliance and whether the issue (s) has been resolved. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section B- Part VII: Investor/Representative Certification

| | | |
|---|-------|----------------|
| I hereby represent the information provided in this document is complete and accurate to the best of my knowledge, and that I am an authorized representative of the FI. | | |
| Signature: | Date: | Telephone: |
| Name and title: | | Email address: |

OPIC-#162