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Request for Registration for Political Risk Insurance (DFC-002)

**OMB No. 3015-0008**

**Expiration Date: 8/31/2022**

**United States International Development Finance Corporation**

1100 New York Avenue, NW Washington, DC 20527-0001 An Agency of the United States Government

Responses to questions which call for estimates or projections should take the form of good faith statements made to the best of the applicant’s knowledge and belief. Statements of fact provided in this document must be accurate as of the date of submission. Anyone who knowingly makes a false statement with the intent to influence DFC’s guarantees, loans, or other investments may be criminally prosecuted. Such false statements are also grounds for DFC to terminate a commitment or declare a contract default. These rights are in addition to any other rights or remedies available to United States government. Neither submission nor acceptance of this application implies that the proposed transaction is eligible for support or that support will be provided.

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| **Part 1: Investor(s) Information** |
| **1.** | **Investor\*:** |  |  |
|  | Contact Name: | Title: |  |
|  | Address: |  |  |
|  | City: | State: | Zip/Postal Code[[1]](#footnote-1): |
|  | Country: | Telephone: |  |
|  | E-Mail: | Web site: |  |
| Parent Company Name (if applicable) |
|  | Applicant’s (or parent company’s) most recent consolidated annual sales (or stockholder’s equity for non-industrial companies): |  $  |
| **2.** | **Investor is:** |  |  |
| A citizen of [ ]; orA company organized in [ ]. |
| **3.** | **How did you hear about DFC?** |  |
|  | DFC sponsored workshop or event | DFC Web site or other social media (Facebook, Twitter, LinkedIn) | Other US Government Agency (e.g. State/Embassy, Commerce, Treasury, TDA, SBA, USEXIM, etc.) |
|  | DFC speaker at an industry event | Insurance Broker | Current or former DFC clients |
|  | Other (*please specify*) |  |  |

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| **Part 2: Project Information** |
| 1. **Where will the project be located?**

City**:** Country**:** 1. **Please describe the project**
	1. What products/services will be rendered?
	2. Will you have a contract with the host government to provide these products or services?

Yes No* 1. The enterprise you will be investing in is:

New An existing business to be expanded or improved.* 1. Does the host government have any investment in the enterprise?

Yes No If Yes, the host government owns: %* 1. Could this project result in significant adverse impact on U.S. employment\*?

Yes No* 1. Could this project result in significant adverse environmental impacts? Yes No
 |
| **Part 3: Investment to be Made** |
| 1. **Investment to be Made** $
	1. Total amount of investment :
	2. Estimated date of investment:
	3. Has any portion of this investment been made or irrevocably committed as of the date of registration? Yes No *If yes, please explain and indicate when the investment was made.*
	4. Total project cost: $
 |

*\*The DFC does not support projects that outsource U.S. jobs or relocate existing U.S. facilities.*

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| --- | --- | --- | --- | --- |
|  | (e) | What do you plan to insure? |  |  |
|  |  |  | **Investors** |  | **Contractors & Exporters** |
|  |  | Equity | Loan Guaranty | Bid Bond | Contract Disputes |
|  |  | Debt | Technical Assistance | Assets | Performance/Advance Payment Guaranties |
|  |  | Lease |  | Other |  |
|  |  | Other |  |  |  |
| **Part 4: Insurance Broker, Primary Insurer, Reinsurer, or Agent** |
| **7.** | This registration is being submitted: By the Investor**OR**By the Primary Insurer or Reinsurer**OR**By a licensed insurance broker or broker agency**OR**By an agent\* |  |  |
|  | Contact: |  | Titl | e: |
|  | Address: |  |  |  |
|  |  | City: |  | State: | Zip/Postal Code: |
|  | Country: |  | Telephone: |  |
|  | E-Mail: |  |  |  |
|  | *\*An agent assists the investor without engaging in activities (including, inter alia, the solicitation, negotiation or placement of insurance) for which a license is required pursuant to applicable State or Federal insurance regulation.* |

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| **8.** | Who will complete the DFC insurance application (Form 003)? |
|  | Investor Primary Insurer |
|  | Licensed insurance broker or brokerage agency |
|  | Agent |

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| **Part 5: Signature** |
| Investor Signature: | Date: |

1. For U.S. addresses, the zip code+4 is required for the postal code/zip code field in the address. [↑](#footnote-ref-1)