



Preliminary Investment Insurance Application

Applicant details:

Applicant Name:.....	Nationality:.....	
Address:.....		
Tel:.....	Fax:.....	E-mail:.....
Authorized Person:.....		
Title:.....		

Type and Value of Investment:

<input type="checkbox"/> Direct Investment	<input type="checkbox"/> Equity Participation	<input type="checkbox"/> Loan	<input type="checkbox"/> Contractor's Equipment
Amount to be covered:	<input type="checkbox"/> In Cash:	<input type="checkbox"/> In Kind:	

Risks to be covered:

<input type="checkbox"/> Expropriation & Nationalisation	<input type="checkbox"/> Transfer Risk	<input type="checkbox"/> War	<input type="checkbox"/> Breach of Contract
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Beneficiary Project:

Project Name:.....
Address:.....
Host Country:.....
Expected Date of Fund Transfer:

Notes:

1. This is a non-binding application, and the applicant shall bear no commitment by presenting this application.
2. All information in this application will be treated on a strict confidentially basis.
3. The applicant, at a later stage, shall provide additional detailed information, along with completing the definitive insurance application form to be provided by AIECGC.

Name:.....
Title:.....
Signature:.....
Date:.....

To be sent to:
The Arab Investment & Export Credit Guarantee Corporation.
Fax: +965 24959596/7
Email: :operations@dhaman.org