



PRELIMINARY APPLICATION FOR NON-HONORING OF SOVEREIGN FINANCIAL OBLIGATION OR GUARANTEE

To: The Arab Investment and Export Credit Guarantee Corporation (“**Dhaman**”)

APPLICANT

Applicant / Lender: _____

Nature of business: _____

Date Company was established: _____

Address: _____

Company Registration Number: _____

Name of contact: _____ Telephone No: _____

Fax No: _____ E-mail address: _____

BORROWER

Name: _____

Legal status (Ministry, public agency / department / state owned enterprise etc...):

Nature of business (if applicable): _____

Address: _____

Name of contact: _____ Telephone No: _____

Fax No: _____ E-mail address: _____

APPLICANT / BORROWER – GUARANTOR RELATIONSHIP

How long have you been lending to the Borrower (and the Guarantor, if applicable)?

Do you have any outstanding loans to the Borrower, the Guarantor, or other sovereign obligor of the host country? Yes____ or No_____.

If "Yes", what is the approximate aggregate principal amount of such loans ?

Have the obligations of the Borrower (and the Guarantor, if applicable) been met ?
Yes____ or No_____. If "No", please explain: _____

Do you have a presence in the Borrower's/Guarantor's country ? Yes____ or No_____.

If "Yes", please explain the nature of presence (rep office, branch offices, subsidiaries, etc.):

OBLIGATION TO BE INSURED

A- Nature of obligation:

- Loan directly to a sovereign, sub-sovereign or quasi-sovereign borrower or state owned enterprise.
- Sovereign guarantee of loan to a third party borrower.

B- Purpose of the loan:

C- Sovereign Guarantor (if applicable)

C-1 Name: _____

C-2 Legal status: _____

D- Loan terms and conditions

D-1 Loan principal amount: _____

D-2 Loan interest amount: _____

D-3 Amount of coverage requested: _____

D-4 Loan tenor and repayment terms, including drawdown/disbursement schedule and grace periods (*attach a repayment schedule if available*):

D-5 Are there other lenders participating in this financing? Yes _____ No _____

If "Yes", please mention the main participants:

- 1 We certify that to the best of our knowledge the representations made and facts stated by us in this Application are true and that we have neither misrepresented nor omitted any material fact which might have a bearing on the insurance which we ask that you make available to us. We undertake to advise you promptly of any changes that may occur in the details shown in this Application.

- 2 The signing of this application does not bind us to purchase insurance, but we agree that this application shall form in part the basis upon which any insurance may be issued, and will form part of the insurance policy.

this Application must be signed by a director or a person authorised by the company's board of directors or an officer of the company in accordance with the company's articles of association or equivalent constitutional document to sign this Application, or documents of the same nature as this Application, on behalf of the company.

All information in this Application will be treated confidentially by DHAMAN.

Signed

On behalf of *[Name of Applicant]*

Capacity of Signatory:

Date:

Please send the application by email (operations@dhaman.org) or fax (+ 965 24959596 or 24959597)