



APPLICATION FORM FOR CAPITAL MARKET TRANSACTIONS

I. ISSUER

- Issuer's Name: _____
- Issuer's Country: _____
- Ownership of the Issuer: :

- Address: _____
- _____
- Authorized Representative: _____
- Telephone: _____
- Telefax: _____

II. TRUSTEE

- Trustee's Name: _____
- Trustee's Country: _____
- Address: _____
- _____
- Authorized Representative: _____
- Telephone: _____ Telefax: _____

III. PROJECT DESCRIPTION

- Country: _____
- Currency: _____
- Amount of Issue: _____
- Type of Issue: _____
- Expected Interest Rate of Issue: _____
- Maturity
Date: _____



- **Purpose of Funds:** _____
- **Amount of Coverage Requested:** _____

- **Is this amount Interest and/or Principal:** _____
- **Type of Coverage Requested:** _____
- **Rating Agency & Current Rating of the Issuer:** _____
- **Name of Selected Rating Agency for this Issue:** _____
- **Expected Rating of the Issue under consideration:** _____
- **Details of the Security for the Bond Holder of the Issue:** _____

- **Details of the Recovery Position of the Insurer:** _____

- **Details of the Reserve Account:** _____
- **Details of Other Accounts to be set up for this Issue, if any:** _____

- **Governing Law of this Transaction:** _____

IV. FEES

In addition to Sovereign Risk Insurance Ltd's insurance premium, all of Sovereign's external legal fees and any rating agency fees, if applicable, shall be borne by the Issuer or Trustee.

V. REQUIRED ATTACHMENTS

Please attach copies of all related documentation, such as the Information Memorandum, the Indenture, Notes etc.) and any other information pertinent to the evaluation of this application. Sovereign agrees to treat the application and these documents as proprietary and strictly confidential.



The undersigned authorized officer of the Applicant declares that to the best of his/her knowledge the statements set forth in this application are true and no material information has been withheld. The undersigned further agrees that the existence of any policy that may be issued will not be disclosed to the Host Government.

The applicant must sign this application prior to issuance of a Policy, and this application together with all supporting documentation constitutes the Application for Insurance referred to in the Policy.

ISSUER:

BY: _____ **DATE:** _____
(Signature)

PRINT NAME AND TITLE: _____

TRUSTEE:

BY: _____ **DATE:** _____
(Signature)

PRINT NAME AND TITLE: _____