Proposal For Specific Services Contract

(Comprehensive/Political Risk) Policy



| Name of the Applicant : M/s. | | | | |
|------------------------------|---|--|--|--|
| Ad | dress: | w bas teens: I toensen at reversitarily Villuose to | | |
| Ва | nker's Name & Address : | insure of receive any such indemnity or security y | | |
| | ed by us | nettly you of such indemnity or security receive | | |
| of su: | edit Guarantee Corp. of India Ltd. to pay us, in a the said Policy (which we have already read), a | act (Political/Comprehensive *Risks) Policy of he Export coordance with the terms and subject to the conditions proportion of the loss as defined therein that we may buyer named therein (hereinafter called "the Contract" | | |
| - | We declare as under | | | |
| 1. | Status of the Expoter : (i.e. whether individual, a Partnership, a Public) or Private Limited Co.) | All discussions and correspondence in connector are to be treated by both sides as confidential discussed to any person including the Press, but | | |
| 2. | (a) In case an individual the name of the proprietor | lig-yns of smer articelose the same to any pill | | |
| | (b) In case of partnership :(i) Name and address of partners :(ii) Whether registered under the partnership Act. | datails of the Policy contract even to our agent | | |
| | (c) In case a Company : Name and address of Directors | we equer that such representations and facts shall | | |
| 3. | Nature of business of the Exporter : | and that the truth of such representations and facts to | | |
| 4. | Since how long in the business : | under end to the enforcement thereof by us. | | |
| 5. | Whether you have exported the services in question to any foreign party so far. If so, the details of services exported during the last 3 years (please give value, country-wise) | Place | | |
| 6. | The size of business of the Exporter : (Latest Annual Report and Statement of Accounts may be attached) | 678-1 | | |
| 7. | Whether you have done any business with the buyer in question previously, If so, details thereof. | Note: 1 In the case of incorporated companies the | | |

* Delete whichever is not applicable

(भारत सरकार का उद्यम) पंजीकृत कार्या. : एक्सप्रेस टॉवर्स, 10वीं मंजिल, नरीमन पॉइंट, मुंबई - 400 021. (A Govt. of India Enterprise) Regd. Office : Express Towers, 10th Floor, Nariman Point, Mumbai-400 021. Tel.: 22845452/5463/5471/5472 Cable : INDERIC Fax : (022) 22045253 (भारत सरकार का उद्यम) परियोजना निर्यात शाखा : सी-26/27, 'मेट्रोपोलिटन' 7वां तल, बांद्रा-कुर्ला कांप्लेक्स, बांद्रा (पूर्व), मुंबई - 400 051. (A Govt. of India Enterprise) Project Export Branch : The 'Metropolitan', 7th Floor, Plot C-26/27, Bandra-Kurla Complex, Bandra (East), Mumbai-400 051. Tel. : 26572737-38. Fax : 26572302

We hereby declare and undertake that we are not aware of any circumstances relating to the Buyer or the Contract which might adversely influence your acceptance of any of the risks on which we are hereby requesting insurance.

- 2. We have not assigned or pledged or transferred any part of the Contract Value receivable under the Contract as aforesaid or any right or interest acquired by virtue thereof or received any indemnify or security whatsoever in respect thereof and we will not effect any such assignment or pledge or insure or receive any such indemnity or security without your prior consent in writing and will promptly notify you of such indemnity or security received by us.
- 3. We will not render further services to the buyer under the Contract after we have received information that he is in financial difficulties or that his position appears to be such as to make it undersirable to render further services to him; and will promptly notify you of such information received by us or action taken by us.
- 4. All discussions and correspondence in connection with the Proposal and any Policy arising therefrom are to be treated by both sides as confidential. We undertake that the fact of insurance will not be disclosed to any person including the Buyer, but may be disclosed to our bankers with an obligation that they shall not disclose the same to any other person. We wilt not however disclose any of the details of the Policy contract even to our agents or to any other person.

We hereby declare and certify that all representations made and facts states by us are true and that We have not misrepresented or omitted any material fact which might have a bearing on the Policy and we agree that such representations and facts shall form the basis of and be incorporated in the Policy and that the truth of such representations and facts and due performance of each and every undertaking contained herein or in the Policy shall be a condition precedent to any liability of the Corporation here under and to the enforcement thereof by us.

Place : Applicant's signature :

Date : Name in block letters :

Designation:

- Note: 1. In the case of incorporated companies this proposal should be signed by an authorised officer for and on-behalf of the company and should state the capacity In which the signatory acts (e. g. Managing Director, Secretary etc.)
 - 2. In the case of partnership the proposal should be signed by a partner in the firm.

SCHEDULE

| Attached to and forming part (political/Comprehensive Risks) | for a Specific Services Contract | |
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| | *** | ** |
| Name and address of the Buyer | : M/s | |
| 2. Date of Contract | : | • |
| Description of Services to be rendered | | |
| Whiterety supty for a freedom Greek Guardine Corn of Inc. of the | | enca wies the dermis and on the second second |
| | I mto by as wills the house | g namen cherera (harennille - 1945) (19 1927) |
| Country where the services will be rendered | : | |
| Date of commencement of services | | • |
| Estimated date of completion | | |
| 7. Gross Contact value | : Rs | |
| 8. Terms of Payment | : | |
| | | |
| Currency of payment | | |
| at poste use to 5 to gue oneme | | |
| 10. Method of payment11. Total interest receivable from the buyer (Repayment schedule for principal & interest is attached) | so far K. e. en. oac ng tra hou. 3 nu ne na | |
| | | |
| Place : | business yar on ya 11-bo octoba | Signature of Applicant : |
| Date : | | Name in block letters : |
| | | Designation : |