
ATE Capital Coverage Bond Request

DATE _____

INVESTOR NAME: _____

INVESTOR ADDRESS: _____

SOLICITOR RECEIVING INVESTMENT: _____

SOLICITOR ADDRESS: _____

AMOUNT OF INVESTMENT: _____

CURRENCY USED: _____ RATE: _____

STERLING EQUIVALENT: _____

DATE OF EXCHANGE: _____

DATE GDP RECEIVED: _____

PERIOD OF INVESTMENT: _____

DOCUMENTS ATTACHED: _____

