



ATE Capital Coverage Bond Request

DATE _____ NEW:

REINVESTMENT:

IF REINVESTMENT PLEASE INCLUDE THE FOLLOWING INFORMATION:

BOND #: _____ EXPIRY DATE: _____ EXCHANGE RATE: _____

INVESTOR NAME: _____

INVESTOR ADDRESS: _____

SOLICITOR RECEIVING INVESTMENT: _____

SOLICITOR ADDRESS: _____

AMOUNT OF INVESTMENT: _____

CURRENCY USED: _____ RATE: _____

STERLING EQUIVALENT: _____

DATE OF EXCHANGE: _____

DATE GBP RECEIVED: _____

PERIOD OF INVESTMENT: _____

DOCUMENTS ATTACHED: _____

