

DATE: \_\_\_\_\_

**REQUEST FOR AN ADVANCE PAYMENT GUARANTEE**1. Name & Address of Company: \_\_\_\_\_  
\_\_\_\_\_

2. Amount required: \_\_\_\_\_ (Please state currency)

3. Type of facility required: \_\_\_\_\_  
(Advance Payment Guarantee)

4. Validity Period: \_\_\_\_\_ (30days, 60days, 90days etc)

5. Effective Date: \_\_\_\_\_

6. Description of Guarantee:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_7. Tender / Contract Number:  
\_\_\_\_\_8. Name & Address of Procuring Company:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_9. Any additional information required on the security document.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ACCEPTANCE OF TERMS & CONDITIONS**

I/We understand that incomplete application forms will not be processed.

I/We hereby certify that all the particulars given by Me/Us above are true and complete.

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**InvesteQ CAPITAL Limited**

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LICENSED FUND MANAGER - CAPITAL MARKETS AUTHORITY