RESTRICTED ACCESS REQUEST – OVERSEAS GUARD SERVICES
U.S. MISSION LILONGWE, MALAWI

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY*. ANY INFORMATION NOT SUPPLIED WILL RENDER THIS REQUEST INVALID.

1. **Requester Information**
   a. **Company Name** _____
      Services_____
   b. **Company Address** _____
   c. _____
      _____ _____
   d. **DUNS No. *or* CAGE CODE** _____
   e. **Point of Contact** _____
   f. **Telephone No**
      _____
   g. **E-mail Address** _____

2. **My interest in this project is as a (please check one):**
   a. **a. [ ] Prime Contractor**
   b. **b. [ ] Joint Venture Participant**
   c. **c. [ ] Other (please specify)** _____

3. **I, the undersigned, agree that I will safeguard this information in accordance with the following distribution restriction statement:**

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Printed Name: Signature:

*Completed form may be e-mailed to Contracting Officer Daniel Smith at Smithdd@state.gov