

Medium Term Bank Guarantee Section A - Names and Addresses

Claim Control No.:CAP0001092 (Draft)



Complete the following:

(* An asterisk denotes that a field is a required entry)

Guaranteed Lender Making Demand for Payment

Master Guarantee Agreement (MGA) Number:	*
Ex-Im Bank Transaction No. (AP No.):	*
Name:	*
Address Line 1:	*
Address Line 2:	*
Address Line 3:	*
City:	*
State:	*
Zip Code:	*
Contact Name:	*
Phone:	*
Fax:	*
E-Mail:	*

Current Holder of Original Note

Who is the current holder of the original note?	*
	<input type="radio"/> Same as the Guaranteed Lender <input type="radio"/> PEFCO <input type="radio"/> Other
If you select "other" fill in the following information:	
Other Name:	*
Address Line 1:	*
Address Line 2:	*
Address Line 3:	*
City:	*
State:	*
Zip Code:	*
Contact Name:	*
Phone:	*
Fax:	*

E-Mail:	*	
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Borrower

Name:	*	
Address Line 1:	*	
Address Line 2:	*	
Address Line 3:	*	
City:	*	
Country:	*	
Contact Name:	*	
Phone:	*	
Fax:	*	
E-Mail:	*	

First Guarantor

Click here if not applicable	<input type="checkbox"/> Not Applicable	
Name:	*	
Address Line 1:	*	
Address Line 2:	*	
Address Line 3:	*	
City:	*	
Country:	*	
Contact Name:	*	
Phone:	*	
Fax:	*	
E-Mail:	*	

Second Guarantor

Click here if not applicable	<input type="checkbox"/> Not Applicable	
Name:	*	
Address Line 1:	*	
Address Line 2:	*	
Address Line 3:	*	
City:	*	
Country:	*	
Contact Name:	*	
Phone:	*	
Fax:	*	

	*
E-Mail:	*

Note: If there are more than two guarantors for this transaction, please mail the name, address, and contact information on these additional guarantors to Ex-Im Bank along with the other required documentation.