

**Medium Term Bank Guarantee
Section G - Wire Instructions**

Claim Control No.: CAP0001095 (Draft)



Complete the following:

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

Routing Bank Name	*	<input type="text"/>
Recipient Bank Name	*	<input type="text"/>
ABA #	*	<input type="text"/>
Account Name	*	<input type="text"/>
Account #	*	<input type="text"/>
RE: Ex-Im # (from Section A):	*	<input type="text"/>
Attention:	*	<input type="text"/>
Borrower:	*	<input type="text"/>