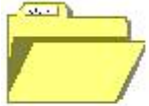


Medium Term Bank Guarantee Section C - Claim Information

Claim Control No.: CAP0001092 (Draft)



Complete the following:

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

When were the disbursements?	First Disbursement: * Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/> Second Disbursement: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/> Third Disbursement: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/> Fourth Disbursement: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/> ** Fifth Disbursement: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/> Sixth Disbursement: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/> *
What is the first default date?	* Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
What is your claim filing deadline?	* Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
What is the reason for the claim?	* Bankruptcy <input type="text"/>
Type of foreign buyer.	* Proprietorship <input type="text"/>
Type of buyer's business.	* Wholesale <input type="text"/>