

## Short-term Multi-buyer Policy Claim Section I - Certification

Claim Control No.:  
(Draft)

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

Please Note that the certification is subject to penalties as provided in Article 18 U.S.C. Sec. 1001

On behalf of the Insured, I certify that I have examined the information included in this Electronic Claim Payment Application and certify that the amount claimed is presently owing by the buyer/issuing bank; the buyer has not asserted any defenses to this debt nor disputed the amount of the debt owing, there are no unresolved documentary credit disputes between the Insured and the issuing bank on any insured transaction; the Insured has not granted any discounts, allowances, rebates or commissions, and has not made any payments to the buyer/issuing bank; to the best of its belief, the Insured has complied with the terms and conditions of the policy, all the information supplied in support of this claim is complete and true, and the Insured has not withheld any material facts; the rates of interest charged are legally valid and enforceable for the approved currency under the laws of the country of the buyer/issuing bank.

**Under penalty of perjury, I declare that the information I have hereby submitted on-line, to the best of my knowledge and belief, is true, complete and correct.**

Certifier is the:  Insured  Assignee  Broker  Other

Certifier's Name	*	<input type="text"/>
Company	*	<input type="text"/>
Street Address	*	<input type="text"/>
City	*	<input type="text"/>
State	*	<input type="text"/>
Zip Code	*	<input type="text"/>
Phone Number	*	<input type="text"/>
Fax Number		<input type="text"/>
Email Address		<input type="text"/>

EIB 07-01A

The applicant is hereby notified that information requested by this form is done so under authority of the Export-Import Bank Act of 1945, as amended (12 USC 635 et. seq.); provision of this information is mandatory and failure to provide the requested information may result in Ex-Im Bank being unable to determine eligibility for support. Ex-Im Bank may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form.

Public Burden Statement: Reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048, Washington, D.C. 20503.