

Medium Term Bank Guarantee Section H - Certifier Information

Claim Control No.:
(Draft)

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

Certifier is the Guaranteed Lender: Yes No

Name of Authorized Certifier	*	<input type="text"/>
Lender	*	<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 07-01B

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.