

**Medium Term Bank Guarantee  
Section A - Names and Addresses**

Claim Control No.:



**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

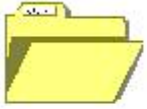
Click here if not applicable	<input type="checkbox"/> Not Applicable	
Name:	*	
Address Line 1:	*	
Address Line 2:	*	
Address Line 3:	*	
City:	*	
Country:	*	
Contact Name:	*	
Phone:	*	
Fax:	*	

	*
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.

## Medium Term Bank Guarantee Section B - Guarantee Information

Claim Control No.:



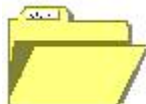
Complete the following:

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

What are the goods and/or services?	*	
What is the U.S. content percentage?	*	
What is the total contract price?	*	
What is the amount of the cash payment?	*	

**Medium Term Bank Guarantee  
Section C - Claim Information**

Claim Control No.:



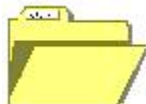
**Complete the following:**

(\* 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"/>

## Medium Term Bank Guarantee Section D - Supporting Documentation

Claim Control No.:



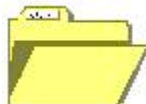
Complete the following:

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

Demand Letter to Borrower:	* <input type="radio"/> Have in possession <input type="radio"/> Not required per MGA Sec 8.02 (b) <table border="1" data-bbox="636 634 1399 703"> <tr> <td>Date of Demand Letter:</td> <td>Month <input type="text"/> Day <input type="text"/>, Year <input type="text"/></td> </tr> </table>	Date of Demand Letter:	Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
Date of Demand Letter:	Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>		
Demand Letter to Guarantor(s):	* <input type="radio"/> Have in possession <input type="radio"/> Not required per MGA Sec 8.02 (b) <table border="1" data-bbox="636 831 1399 900"> <tr> <td>Date of Demand Letter:</td> <td>Month <input type="text"/> Day <input type="text"/>, Year <input type="text"/></td> </tr> </table>	Date of Demand Letter:	Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
Date of Demand Letter:	Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>		
Lender Credit Agreement:	* <input type="radio"/> Have in possession <input type="radio"/> Not required <table border="1" data-bbox="636 982 1399 1035"> <tr> <td>Date:</td> <td>Month <input type="text"/> Day <input type="text"/>, Year <input type="text"/></td> </tr> </table>	Date:	Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
Date:	Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>		
Annex B:	* <input type="radio"/> Have in possession <input type="radio"/> Not required Annex B Date: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>		

## Medium Term Bank Guarantee Section E3 - Promissory Note Qpg

Claim Control No.:



Complete the following:

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



























Click here if not applicable	* <input type="checkbox"/> Not Applicable
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### Note Information

Have in Possession:	* <input checked="" type="radio"/> Yes <input type="radio"/> No Date of Promissory Note: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
Total Principal Amount:	* <input type="text"/>
Number of Installments:	* Principal Installments: <input type="text"/> * Interest Installments: <input type="text"/>
First Due Dates	* Date 1st Principal Due: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/> * Date 1st Interest Due: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
Frequency of Payment:	* Monthly <input type="checkbox"/>
Interest Rate:	* <input type="radio"/> Fixed <input type="radio"/> Floating Rate: <input type="text"/> * Method of Calculation <input checked="" type="radio"/> 360/360 Days <input type="radio"/> 365/365 Days
Date Ordinary Interest Paid Through	Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>

### Installment Information

	* Installment Number(s)	* Due Date(s) 00/00/0000	* Declining Outstanding Balance	* Principal Due	* Principal Paid	* Outstanding Principal
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

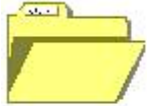
						
						
						
						
						
						
						
						
						
						
						
						
						

Installment -- Additional Comments



# Medium Term Bank Guarantee Section E4 - Promissory Note Ty q

Claim Control No.:



Complete the following:

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



























Click here if not applicable	* <input type="checkbox"/> Not Applicable
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## Note Information

Have in Possession:	* <input checked="" type="radio"/> Yes <input type="radio"/> No
	Date of Promissory Note: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
Total Principal Amount:	* <input type="text"/>
Number of Installments:	* Principal Installments: <input type="text"/> * Interest Installments: <input type="text"/>
First Due Dates	* Date 1st Principal Due: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/> * Date 1st Interest Due: Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
Frequency of Payment:	* Monthly <input type="checkbox"/>
Interest Rate:	* <input type="radio"/> Fixed <input type="radio"/> Floating Rate: <input type="text"/> * Method of Calculation <input checked="" type="radio"/> 360/360 Days <input type="radio"/> 365/365 Days
Date Ordinary Interest Paid Through	Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>

## Installment Information

	* Installment Number(s)	* Due Date(s) 00/00/0000	* Declining Outstanding Balance	* Principal Due	* Principal Paid	* Outstanding Principal
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Installment -- Additional Comments

## Medium Term Bank Guarantee Section G - Wire Instructions

Claim Control No.:



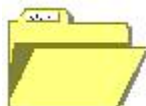
Complete the following:

(\* 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"/>

## Medium Term Bank Guarantee Section F - Claim Calculator

Claim Control No.:



Complete the following:

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

### Claim Payment (not including Post Maturity Interest)

a) Total face value of Note(s) from Section E1 through E2.	(+)	*	<input type="text"/>
b) Total borrower principal payment(s).	(-)	*	<input type="text"/>
c) Loss (not including interest)		*	<input type="text"/>
d) % of Guarantee Coverage	(%)	*	<input type="text"/>
e) Total Claim Payment (not including post maturity interest)		*	<input type="text"/>

Claim Control No.:

## Medium-Term Bank Guarantee Section G - Certification and Notices

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

Certifier is the Guaranteed Lender? Yes  No

Name of Authorized Certifier	*
Lender	*
Street Address	*
City	*
State	*
Zip Code	*
Phone Number	*
Fax Number	
E-mail Address	

Submit Claim

**Paperwork Reduction Act Statement:** We estimate that it will take you about 1 and 1/2 hours per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB # 3048-XXXX, Washington, DC 20503.