Qualification Application for CCC Export Guarantee And Subsidy Programs

Fields marked with an asterisk (*) are required

Telephone:

Program App	lying For:	
* Please check all that a	yo'y:	
Applying for the I	sity Export Incentive Program (DEIP) in accordance with 7 C.P.R. Section 1494.301 eligibility criteria for participation.	
D Applying for the C	CC GSM-102 Export Credit Guarantee Program and Facility Guarantee Program in accordance with 7 C.F.R. Section 1493.30 and 1493.420, eligibility criteria for	pa
1. Name and	address of Applicant's Office	
* 0		
* Company Name	Section for the section of the secti	
* Street Address:	P.O. Box:	
* City:	'State:	
* Zip Gode: (Postal Code):	The state of the s	
* Country Name:	9 %	
Country Houric.	The state of the s	
* Dun & Bradstreet		
Number: (Site spec	The state of the s	
* Tax ID Number	EIN)	
* Telephone;	*### ### が (il United States) *** *** *** *** *** *** *** *** *** *	
* E-Mail:		
Business Websit	(if applicable):	
* Contact Name:	produced to the control of the contr	
" Please check that v	hich nucles'	
	nestic Corporation O Foreign Corporation O Other Foreign Entity	
Applicant's Legal	Form of Doing Business:	
	Sole Proprietorship (2)	
	* Type of Business: Partnership DBA	
	Corporation Foreign Corporation 🕍	
Country of incorp	pration where legally registered. Please select a U.S. state if country is the United States:	
* Country Name	U.S. State:	
•	789	
2 Name and A	ddress of Applicant's Headquarters Office	
	outless of Applicant's Headquarters Office upleted if different from above)	
formy to be con	трівтви ії чінегент поні арочеј	
Company Name	gramman series a anno a communication a anno a communication a communication a communication a communication a	
Street Address:	The second secon	
	P.O. Box	
City:	State:	
Zip Code:	gramman againman	

	npleted if the applicant has i	•	•
Name:	:	**************************************	
Street Address:		P.O. Box:	
Gity:	State:		
Zip Code:	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
(Postal Code)	######################################	7 - 12 - 16 NO	
Telephone:	Fax:		
E-Mail:	The state of the second		•
Contact Name:			
Select One:	OBusiness OPrivate Residence		•
Nature of appi producer, con Explanation o With agricultu Preceding thri commodities: Explanation or exporting U.S. including num types of produ- exports for the ls the applicar (SME) as desc Link to FAS w	icant's business (i.e, agricultural modity trader, consulting firm, etc.) if the applicants experience/history ral commodities or products for the ee years, including description of the applicant's experience/history agricultural commodities, other of years involved in exporting, icts exported, and destination of a preceding three years. In a "small or medium enterprise" ribed on the FAS website?	O yes O no es, subsidiaries, or companies lified to participate in CCC ex	otherwise related
processes	on ownersing) currently qua	imieu to participate in ccc ex	port programs;
100 PT			American
and the second second second	t that A contrasted house the absorber administration where he do not be obtained a scalar or in a consequence	not define details at the state of the state	100
* Please make one of	the following certifications:		en en europeanne genegereg nogage as
			acts or agreements during the past three years."
() "I certify that the	above named applicant has participated in	u.S. Government programs, contracts or a	greements during the past three years."
* Please descri	be prior participation:		
:			
``````````````````````````````````````			
* Applicant must ce	rtify to the following statement by selecti	ing the block	•
	1493.60(a) certifications are being		
		mode in the approprient.	
* Name and Position	on of Individual Submitting Form:	· · · · · · · · · · · · · · · · · · ·	
This form must be s	ubmilled by an officer of the Company makin	ng application. Please also fax a copy of your	Articles of Incorporation to (202) 720-2949.
			Submit Reset



# Application for Guarantee Coverage – Detail Information

#### Screen Number 5

Exporter: Date of Application: GSM Program: Country or Region: USDA Commodity or Type:	01/27/2011 GSM-102 Sub-Saharan Africa Region Fruit/Vegetable	
Participates in other USDA programs: Sale numbers for other USDA programs:	DEIP - OB4	
	Septiment of the septim	
Tenor/Principal Payment Interval:*	9 MONTHS SEMI-ANNUAL	¥.
Text for the selected terms  continues a trible expect & constant of the continues of the constant of the cons	Ding file terevised statespile at the automics of the states of the stat	
Select Other to add an importer not Importer:*	on the list below	11574' <b>33</b>
Name of the letter of credit account party, if other than the importer.  Address	Country	
Fareign Obligor:*	The state of the s	
Type of Sale:*	CIF - Commodity, Insurance, Freight	
Type of Coverage:*	CFR - Commodity and Freight	
Upper Contract Loading Tolerance;*	5 %	
Lower Contract Loading Tolerance:*	5 %	
First Delivery Date:* mm/dd/yyyy	01/27/2011	
	OR TO THE DATE OF THIS REGISTRATION.* 🗹	
Last Delivery Date:* mm/dd/yyyy	11/30/2011	•
Final Delivery Date:	13/21/2011	
Is there an Intervening Purchaser? * (if yes) (if commodity will be shipped directly to the Intervening Purchaser: If other, complete the following:	e importer in the destination country	Not new to the regulations, however new to screen
Intervening Purchaser Name:	Intervening Purchaser Country:	
Address		

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0551-004. The time required to complete this information is estimated to average XX.X minutes/hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completion and reviewing the collection of information.

*Required field

Continue

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#			W.		

alled States Department of Agriculture

Farm and Foreign Agricultural Services

CCC Export Credit

## **Accept Notice of Assignment**

#### Screen Number

30 GSM Number: Country/Region:

Sub-Saharan Africa Region

01/27/2011

Current Status:

Pending Acknowledgement by Assignee

Exporter Name: Assignee Name: Obligor Name:

Issuing Organization Authorizing this Assignment
Pursuant to Section 1493,140(a)(1) of the Commodity Credit Corporation ("CCC") Export Credit
Guarantee Program Regulations, the Undersigned,
(the "Issuer") hereby gives notice to the CCC that the Exporter has assigned to a continuous (the "Assigned"), whose address is

all of the Exporter's right, the and interest in and to, and any amounts now horeaster payable under the Payment Guarantee Number

Export Credit Guarantee Program (GSM-102).

Name of Issuing Organization:

Individual's Name:

Title of Authorizer: Phone Number of Authorizer: Date of Authorization:

Sonja Exporter

816-823-5108 01/27/2011

### Organization Accepting this Assignment

#### Required Certifications:

[Assignee] has verified that the foreign financial institution, at the time of submission of the notice of assignment, is not excluded or disqualified from participation in U.S. government programs through either the EPLS or OFAC Specially Designated Nationals (SDN) lists; and

The information provided pursuant to § 1493.40 has not changed and [name of assignee] still meets all of the qualification requirements of § 1493.40.

Name of Organization Accepting Assignment:

Individual's Name:*

Title of Authorizer:*

Phone Number of Authorizer:*

Date of Authorization:*

Email Address:

Bob

Banker

816-823-5108

01/27/2011

linda.leatherman@kcc.usda.gov

According to the Papaerwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of infrination unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0551-004. The time required to complete this information is estimated to average XX.X minutes/hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completion and reviewing the collection of information.

# Create Delivery – Certify Delivery

### Screen Number 36

Commodity(ies)	Cumulative Quantity	
nmary of Exports under [ <i>GSI</i> /		
	•	
Exports under this payment guarantee have	e heen completed	Section added if final de
IK to Section 1493.140 certifications		to the parameter of the state o
ALL SECTION 1493,140 CERTIFICAT	IONS ARE BEING MADE IN THIS	DELIVER* O Yes: No
ease indicate if this is the final delivery: C	Yes WNo	
	one a novem of antisems in a second in the s	
dditional Comments:	anta international programme de grandent fortunado de programme de grandent de grandent de grandent de program La programme de destrucción de contracto de grandent de grandent de grandent de grandent de grandent de grande	
	\$115,481.40	
	14	
escribe the discounts and allowances	3,00	
ease indicate which type it is.	O Allowance O Dis	scount @ None O Other
		The state of the s
otal Number of Submitted Deliveries:	2	
elivery Number; elivery Reference Number;	Nane REFORDS	
egistered Commodity/Type:	Fruit/Vegetable	•
ountry/Region	Sub-Saharan Africa Region	
SM Number:	01/27/2011	
ate of Export:		

Created by:

Individual's Name:

Title:

Clerk

Phone Number:

Pre-populated summary table will be added if the final delivery indicator is "yes."

According to the Papaerwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of infrmation unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0551-004. The time required to complete this information is estimated to average XX.X minutes/hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completion and reviewing the collection of information.

*Required field







CCC Export Credit Guarantee Programs

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rgill Cotton, Cordova, Tennes:	see				Thursd	ay June 23, 2
Modify Delivery	- Daliva	ry Detail				
een Number 38	- Delive	iy Detail		Form Approved -	OMB Nu	mher 0551-0
Francisco				•		
Exporter: Date of Export:		15/2011				
GSM Number:		13/2011				
Country/Region	-	ibbean Region				
Destination Country:*	· ·	adeloupe				
Registered Commodity/Type	,	% Cotton yarn	المنتد			
Delivery Number:	Nor	· ·				
Delivery Reference Number:		0001				
Total Number of Submitted	Deliveries: 0	-				
Type of Coverage:*	FO	B - Free on Board, F	ree Along Side 🔀			
las type of coverage change	ed from registe	red type of coverage	?* Ĉ Yes € No	•		
Explain type of coverage cha	ange:					
	•			· ·		
			3			
1. Registered Cor	A Committee of the Comm	Information			·	
Sale Number	ABC					
Sale Number Commodity	ABC 100% Cotto	on yarn				
Sale Number	ABC	on yarn ≥r				
Sale Number Commodity	ABC 100% Cotto # 3 or bette	on yarn er Price I				
Sale Number Commodity Commodity Description The type of sale is <b>Free on</b> 1	ABC 100% Cotto # 3 or bette	on yarn er Price I	Detail:	POUNDS		
Sale Number Commodity Commodity Description The type of sale is Free on S Standard Unit of Measure: M	ABC 100% Cotto # 3 or bette  Board, Free A HETRIC TONS	on yarn er Price I long Side. Delivery Unit	Detail:	POUNDS		
iale Number Commodity Commodity Description The type of sale is Free on International Unit of Measure: Morelivery Unit of Measure * Corponersion Factor   0.00045	ABC 100% Cotto # 3 or bette  Board, Free A HETRIC TONS EVERSION Factor = 35925	on yarn Price I long Side. Delivery Unit Standard Unit of Me. Quantity*	Detail:  of Measure: asure  100	POUNDS  Registered Quantity		,000
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