EIB 12-02 MT CGF Disbursement Approval Request Disbursement Request Submission Screenshots (CGF)

February 5, 2013

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I. Summary

Ex-Im Bank has developed an electronic disbursement approval processing system for guaranteed lenders with Credit Guarantee Facilities. After a Credit Guarantee Facility (CGF) has been authorized by Ex-Im Bank and legal documentation has been completed, the Lender will obtain and review the required disbursement documents (e.g. invoices, bills of lading, Exporter's Certificates, etc.) and will disburse the proceeds of the loan for eligible goods and services. The Lender will access and complete an electronic questionnaire through ExIm Online inputting key data and requesting approval of the disbursement. Ex-Im Bank's action (approved or declined) will be posted on the Lender's history page.

Eligible costs in the following categories may be authorized by Ex-Im Bank and the electronic disbursement approval request will have variations depending on the type of cost selected:

- U.S. goods and services
- Local cost goods and services

CGFs denominated in a foreign currency may be authorized. Disbursements under these transactions have special foreign exchange conversion rules depending on whether the U.S. exporter receives payment in U.S. dollars or a foreign currency under the terms of its supply contract. There are slight variations in the request which reflect the foreign exchange conversion approach:

- ✓ Fixed (the U.S. Exporter is paid in foreign currency): The Lender is required to enter all financial data in foreign currency values and the System will convert the information to U.S. dollars based on a pre-approved fixed exchange rate associated to the transaction.
- ✓ Floating (the U.S. Exporter is paid in U.S. dollars): The Lender is required to enter the total amount of the request in both U.S. dollars and foreign currency values so that a conversion rate can be established with the remaining financial data entered only in U.S. dollars.

The remainder of this document will provide screenshots of the sample Disbursement Request Forms that can be submitted by a Lender through the Ex-Im Online System. These forms are only available in electronic format and therefore all Lenders are required to submit for approval "on-line." The on-line process helps to confirm that all necessary data is collected up-front by enforcing data validations upon submission as well as ensuring the integrity of the data, meaning what was entered by the Lender, is what is received by Ex-Im Bank. As mentioned earlier, the decision to approve or decline a disbursement request is recorded on the history page and, in addition, is communicated via email to the individual assigned as the contact person on the disbursement request form. Depending on certain attributes of the transaction, the System will dynamically display the appropriate request form (i.e., if the transaction is a foreign currency deal, if the transaction contains local cost, etc.). In addition, the System will automatically display certain fields that are "view-only." This is data that Ex-Im Bank is able to pre-populate based on transaction details stored in our transaction processing systems. These fields

are included in the Transaction Information Section.

| Transaction Information: | | |
|---|-------------------------------|--|
| Transaction Number: | 08087682XX0001 | |
| Agreement / Transaction / Program Type: | MTG / CGF / US Cost Guarantee | |
| Operative Date: | 01/09/2013 | |
| Amount Authorized / Undisbursed (USD): | 90884.00 / 90884.00 | |
| Foreign Currency: | EUR | |
| Amount Authorized / Undisbursed (FC): | 67072.00 / 67072.00 | |

The System will default the Contact Information fields based on the contact information submitted with the disbursement request and provide the option for the Lender to update this information. The contact person will receive all email correspondence distributed by the System in reference to the disbursement request submitted.



Lastly, the System will require at least one invoice entry to be included with a disbursement request as well as any required field will be designed with an asterisk (*). For transactions where the Exposure Fee was paid up front and not financed, the System will not require the Lender to input the Exposure Fee amount and Date Exposure Fee paid. This information is known by the System because it is data that is collected prior to disbursement and subsequently stored in Ex-Im Online.

Certifications:

| S payment of the Facility Fee current? | C Yes | C No |
|---|-------|------|
| * Have all Conditions Precedent and Special Conditions to disbursement been met? | C Yes | C No |
| * Have all Disbursement Documents been received and are they all in compliance with the Facility Agreement? | C Yes | ⊖ No |
| * Has the Disbursement been calculated in accordance with the Facility Agreement? | C Yes | ⊖ No |
| * Are any of the Goods used equipment? | C Yes | C No |
| If yes, has Ex-Im Bank's written approval been obtained? | C Yes | ○ No |
| * Does the Disbursement include any items on the list of Excluded Goods and Services for which Ex-Im Bank's written approval has not been obtained? | C Yes | ⊖ No |
| * Are the dates that Goods were shipped and/or Services provided earlier than 180 days prior to the Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank has provided written approval)? | C Yes | ⊂ No |
| * Have all Exporters or Local Cost Providers been approved by Ex-Im Bank? | C Yes | ⊖ No |
| * Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and attach the Exporter's statement or list the Goods/Services and the U.S. Dollar amount of each in the comment box below. | C Yes | C No |

Please provide any additional comments you want to include with this request:

| - |
|---|

Attachments:

To attach a document with the Disbursement request, please select a local file using the "Browse" button and click "Attach".

| Brow | se Attach |
|--|--|
| | |
| | e Disbursement Request. Please enter invoice information for each ice " button to associate the invoice(s) with the Request. Repeat this). At least 1 invoice is required |
| Exporter/Local Cost Provider: | Select One |
| NAICS Code: | |
| Product Description: | A V |
| Gross/total invoice amount paid: | USD |
| Financed Amount (excluding Exposure Fee): | USD |
| Number of invoices: | |
| U.S. Content Percentage from the Exporter's Certificate: | % |
| | Add Invoice |

No Invoice added.

To better understand what is being communicated in the following pages, see below for a list of acronyms and their corresponding definition:

• CGF - Credit Guarantee Facility

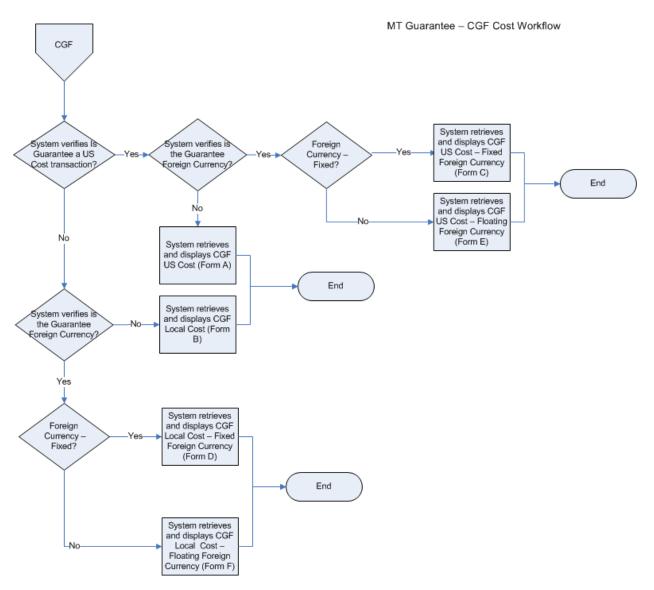
- FC Foreign Currency
- USD US Dollar
- EOL Ex-Im Online

The following section provides workflow diagrams, which define the process that will lead the System to determine which form should be presented to the Lender. In order to better illustrate the data collected for each form, a matrix has been included to show the data elements captured for each variation of the disbursement request form. In addition, Section I. includes sample screenshots of each request form with the appropriate reference to a particular workflow process (i.e. A. Disbursement Request Form – CGF Guarantee (US Cost) corresponds to CGF Guarantee – US Cost Workflow "Form A reference" and "Form A" on the matrix).

II. Disbursement Request Forms - Workflow

A. Workflow processes

The workflow diagrams illustrate the System processes that occur when identifying which disbursement request form to display to the Lender. Section I. provides sample screenshots which correspond to an "end state" outlined through the workflow as well as a column in the data matrix outlining the specific elements displayed on a particular form (see section A.).



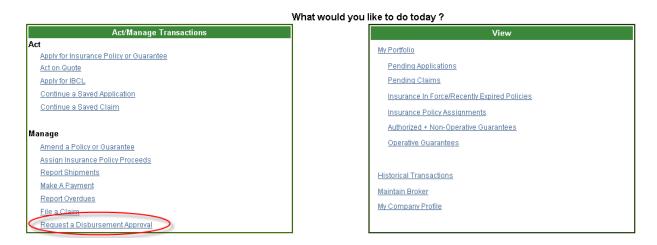
CGF Workflow

| A. Data displayed with each disburseme | | π | | | | | 10 | |
|---|---|----------|-----|----------|--------|---|-----|---------------------------------|
| | | | | For | | | | Comment |
| Data Element | | А | В | С | D | E | F | |
| TRANSACTION INFORMATION | | | | <u>,</u> | | | | |
| Transaction Number | | Х | Х | | | | | System populated - view only |
| Agreements/Transaction/Program Type | | Х | | | | | | System populated - view only |
| Operative Date | | _ | | | | | | System populated - view only |
| Final Disbursement Date | | Х | | | | | | System populated - view only |
| Initial Eligibility Date | | Х | Х | | | | | System populated - view only |
| Authorized Amount/Undisbursed (USD) | | х | х | x | х | х | х | System populated - view only |
| CONTACT INFORMATION | | | | ┢ | | | | Defeult to individual entering |
| Contract Downer | | v | ~ | v | v | v | v | Default to individual entering |
| Contact Person | | х | x | x | x | х | х | the request |
| | | | | | | | | Default to individual entering |
| Telephone Number | | х | х | х | х | х | х | the request |
| | | | | | | | | Default to individual entering |
| Email | | х | х | х | х | х | х | the request |
| DISBURSEMENT INFORMATION | | | | <u> </u> | | | | |
| Total amount of this request (USD) | | х | х | | | | Х | |
| Total amount of this request (FC (i.e. EUR)) | | | | | х | Х | | |
| Amount of Exposure Fee related to this request (USD) | | х | х | | х | | | |
| Exposure Fee Rate related to this request | | х | | | | | | System populated - view only |
| Date of Disbursement related to this request | | х | | | х | | | |
| Date Exposure Fee was paid to Ex-Im Bank under this request | | х | х | х | х | х | х | |
| | | | _ | 1 | _ | | _ | Available values include: |
| | | | | | | | | 2 years, 3 years, 4 years, 5 |
| | | | | | | | | years, 7 years and Other (with |
| Repayment Term related to this request | | х | х | х | х | х | х | text box) |
| CERTIFICATIONS | | | | | | | | |
| Is payment of the Facility Fee current? | | х | х | Х | Х | х | х | |
| Have all Conditions Precedent and Special Conditions to disbursement | | | | | | | | |
| been met? | | х | х | х | х | х | х | |
| Have all Disbursement Documents been received and are they all in | | | | | | | | |
| compliance with the Facility Agreement? | | х | х | х | х | х | х | |
| Has the Disbursement been calculated in accordance with the Facility | | | | | | | | |
| Agreement? | | х | х | х | х | х | х | |
| Are any of the Goods used equipment? | Г | х | | х | | х | | |
| Are any of the Local Cost Goods used equipment? | Г | | х | | х | | х | |
| If yes, has Ex-Im Bank's written approval been obtained? | h | х | х | х | х | х | х | |
| Does the Disbursement include any items on the list of Excluded Goods | H | | | | | | | |
| and Services for which Ex-Im Bank's written apropval has not been | | | | | | | | |
| obtained? | | х | х | х | х | х | х | |
| | H | _ | | | | | | |
| Are the dates that Goods and Services were shipped and/or provided | | | | | | | | |
| earlier than 180 days prior to the Disbursement Date in accordance with | | | | | | | | |
| the Facility Agreement (unless Ex-Im Bank has provided written approval)? | | х | | х | | х | | |
| Are the dates that Local Cost Goods and Services were shipped and/or | | | | 1 | | | | |
| provided earlier than 180 days prior to the Disbursement Date in | | | | | | | | |
| accordance with the Facility Agreement (unless Ex-Im Bank has provided | | | | | | | | |
| written approval)? | | | х | | х | | х | |
| Have all Exporters been approved by Ex-Im Bank? | | х | | х | | х | | |
| Have all Local Cost Providers been approved by Ex-Im Bank? | | | х | | х | | х | |
| Has any Exporter provided a statement pursuant to its Exporter's | | | | | | | | |
| Certificate describing Goods and/or Services listed on the U.S. Munitions | | | | | | | | |
| List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, | | | | | | | | |
| identify the Exporter and attach the Exporter's statement or list the | | | | | | | | |
| Good/Services and the U.S. Dollar amount of each in the comment box | | | | | | | | |
| below? | | х | | х | | х | | |
| Additional Comments Box | | | x | X | x | | x | |
| ATTACHMENTS | - | ~ | ~ | ~ | ~ | ~ | ~ | |
| Attachments Link | Η | x | x | х | × | x | x | |
| EXPORTER/LOCAL COST PROVIDER INVOICE(S) | Η | Ĥ | Ĥ | Ĥ | Ĥ | ^ | ^ | |
| | | \vdash | - | - | | _ | - | Pre-populated based on |
| | | | l | 1 | | | l | approved list of exporter/local |
| Exporter/Local Cost Provider | | х | v | х | v | v | v | ••• |
| NAICS Code | | × | × | | × | | | |
| Product Description | H | | | X | | | | |
| Gross/total invoice amount paid (USD) | | | | L^ | ^ | | | |
| | | х | х | | V | ^ | х | |
| Gross/total invoice amount paid (FC (i.e. EUR)) | | V | ~ | Ļ | х | v | ~ | |
| Financed Amount (excluding Exposure Fee) (USD) | | ^ | х | Ļ | - - | × | Х | |
| Financed Amount (excluding Exposure Fee) (FC (i.e. EUR)) | | | , · | | Х | V | , · | |
| | | х | х | х | х | x | х | |
| Number of invoices U.S. Content Percentage from the Exporter's Certificate | | X | - | х | - | х | | |

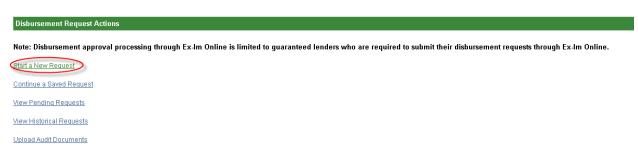
A. Data displayed with each disbursement request form

B. Accessing a Transaction

Once logged into ExIm Online, the System will present the Lender with a menu of options asking the Lender, "What do you want to do today?" On the left hand side, the Lender will select "Manage – Request a Disbursement Approval" (see below).



From this screen, the System will ask the Lender what action they want to take and the Lender will select to "Start a New Request".



Once this option is selected, the System will display a listing of transactions associated to the Lender. Based on the transaction selected, the System will display the appropriate disbursement request screens which are included in Section I. of this document.

| All Transactions | | | | | | | | | |
|-------------------------------|---------------|------------------|----------------------|-----------------------------------|----------------------------|-----------------------------|---------------------|---------------------------|---|
| 4 items found, displayir 1 | ıg all items. | | | | | | | Items | s per page: <u>10 25</u> 50 <u>100</u> |
| Transaction Number | Agreement | Transaction Type | Program Type \$ | <u>Operative</u> <u>Date</u> ≑ | Amount Authorized (USD) | Amount Undisbursed (USD) | Foreign Currency | Amount Authorized (FC) | Amount Undisbursed |
| 08087682XX0001 | MTG | CGF | US Cost Guarantee | 01/09/2013 | 90,884.00 | 90,884.00 | EUR | 67,072.00 | 67,072.00 |

١. Sample Disbursement Request Forms

| Ex-Im Online Assisting Export Financing | | | Logged in as: s | uper_user_sqt <u>Mv Profile Change Passwor</u> Last logged on at 2:58 PM ES |
|--|---|--------------------------|----------------------------------|--|
| DEV Edition | | | | Ex-Im Online H |
| | | OMB No. > | 000, Expirez -// | |
| Disbursement - Submit | | | | |
| To submit a Disbursement Request, please identify a contact, provi certifications, enter invoice information and click the "Submit Requ so information can be retrieved at a later point. The "Back" button n | est" button If you choose not to submit | t, complet the reques | e the st, press "Save" | |
| Fields marked with * are required. | erunns you to the previous screen. | | | |
| Transaction Information: | | | | |
| Transaction Number: | 08522315XX0001 MTG / CGF / US Cost Guarantee | | | |
| Agreement / Transaction / Program Type: Operative Date: | 10/21/2012 | | | |
| Final Disbursement Date: | 9/19/2015 9/19/2012 | | | |
| Initial Eligibility Date: Amount Authorized / Undisbursed (USD): | 8,786,960.00 / 8,769,389.10 | | | |
| Contact Information: | | | | |
| * Contact Person: | Mary Smith | | | |
| * Telephone Number: * Email: | 202-555-1212 mary.smith@email.com | _ | | |
| | maiy.smini@email.com | | | |
| Disbursement Information * Total amount of this request: | USD | | | |
| * Amount of Exposure Fee related to this request: | USD | | | |
| * Exposure Fee Rate related to this request: | % | | | |
| * Date of Disbursement related to this request: * Date Exposure Fee was paid to Ex-Im Bank under this request: | (mm/dd/yyyy) (mm/dd/yyyy) | | | |
| * Repayment Term related to this request: | C 2 years | | | |
| | C 3 years C 4 years | | | |
| | C 5 years | | | |
| | C 7 years | | | |
| | C Other | | | |
| Certifications: | | C Yes | C 11- | |
| * Is payment of the Facility Fee current? * Have all Conditions Precedent and Special Conditions to disburs | ament heen met? | C Yes | | |
| * Have all Disbursement Documents been received and are they all | | C Yes | C No | |
| Agreement? | 75 A 10 | C | | |
| * Has the Disbursement been calculated in accordance with the Fa * Are any of the Goods used equipment? | acility Agreement? | C Yes C Yes | C No C No | |
| If yes, has Ex-Im Bank's written approval been obtained? | | C Yes | C No | |
| * Does the Disbursement include any items on the list of Excluded | Goods and Services for which Ex-Im | C Yes | C No | |
| Bank's written approval has not been obtained? * Are the dates that Goods were shipped and/or Services provided Disbursement Date in accordance with the Facility Agreement (unl | earlier than 180 days prior to the ess Ex-Im Bank has provided written | C Yes | C No | |
| approval)? * Have all Exporters been approved by Ex-Im Bank? | | C Yes | C No | |
| * Has any Exporter provided a statement pursuant to its Exporter's Services listed on the U.S. Munitions List (part 121 of Title 22 of th identify the Exporter and attach the Exporter's statement or list the amount of each in the comment box below. | e Code of Federal Regulations)? If yes, | C Yes | C No | |
| Please provide any additional comments you want to include with this request: | | * | | |
| | | Ŧ | | |
| Attachments: To attach a document with the Disbursement request, please select | t a local file using the "Browse" button a | nd click " | Attach". | |
| Browse Atta | ch | | | |
| Exporter/Local Cost Provider Invoice(s): Invoice(s) financed by this Disbursement must be added to the Dist Exporter or Local Cost Provider below and use the "Add Invoice" process for each Exporter's on Local Cost Provider's invoice(s). | | | | |
| Exporter/Local Cost Provider: | Select One | | | |
| Exporter/Local Cost Provider: NAICS Code: | select offe | • | | |
| Product Description: | | * | | |
| Gross/total invoice amount paid: | | $\overline{\mathbf{v}}$ | | |
| Financed Amount (excluding Exposure Fee): | USD | | | |
| Number of invoices: | | | | |
| U.S. Content Percentage from the Exporter's Certificate: | 96 | | | |
| | | | Add Invoice | |
| No Invoice added. | | | | |
| | Back Save | Sub | mit Request | |
| Paperwork Reduction Act: We estimate it will take you about 1 hour per response, that includes the time it | will take to read the instructions, gather the ne | essarv fact | s and fill out the | |
| We sumae it win take you about 1 hour per response, intel includes the time in form. However, you are not required to provide information requested unless a v suggestions regarding the above estimate or ways to simplify this form, forward Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503. | alid OMB control number is displayed on the for | m. If you ha | e comments or | |

| Assisting Export Financing DEV Edition | | | | |
|--|--|----------------|--------------------|-------------------|
| | | | | Ex-Im Online Home |
| | | | | www.exim.gov |
| | | | | |
| Disbursement - Submit | | OMB No. 3 | 000X, Expires//- | |
| To submit a Disbursement Request, please identify a contact, provi | de details on the requested Disbursemer | t, comple | te the | - |
| certifications, enter invoice information and click the "Submit Requise information can be retrieved at a later point. The "Back" button n | est" button. If you choose not to submit | the reque | st, press "Save' | |
| Fields marked with * are required. | | | | |
| Transaction Information: | | | | |
| Transaction Number: Agreement / Transaction / Program Type: | 08522315XX0001 MTG / CGF / Local Cost | | | |
| Operative Date: | 10/21/2012 | | | |
| Final Disbursement Date: Initial Eligibility Date: | 9/19/2015 9/19/2012 | | | |
| Amount Authorized / Undisbursed (USD): | 8,786,960.00 / 8,769,389.10 | | | |
| Contact Information: | | | | |
| * Contact Person: | Mary Smith | | | |
| * Telephone Number: | 202-555-1212 | _ | | |
| * Email: | mary.smith@email.com | | | |
| Disbursement Information | | | | |
| * Total amount of this request: * Amount of Exposure Fee related to this request: | USD | | | |
| * Exposure Fee Rate related to this request: | % | | | |
| Date of Disbursement related to this request: | (mm/dd/yyyy) | | | |
| * Date Exposure Fee was paid to Ex-Im Bank under this request: | (mm/dd/yyyy) | | | |
| * Repayment Term related to this request: | C 2 years C 3 years | | | |
| | C 4 years | | | |
| | C 5 years C 7 years | | | |
| | O Other | | | |
| Certifications: | | | | |
| | | G | G | |
| * Is payment of the Facility Fee current? * Have all Conditions Precedent and Special Conditions to disburse | mont hoop mot? | C Yes C Yes | | |
| * Have all Disbursement Documents been received and are they all | | C Yes | C No | |
| Agreement? | | | | |
| * Has the Disbursement been calculated in accordance with the Fa | cility Agreement? | C Yes | C No | |
| * Are any of the Local Cost Goods used equipment? | | C Yes | C No | |
| If yes, has Ex-Im Bank's written approval been obtained? * Does the Disbursement include any items on the list of Excluded | Goods and Sanicas for which Ex-Im | C Yes C Yes | C No C No | |
| Bank's written approval has not been obtained? | | | € N0 | |
| * Are the dates that Local Cost Goods were shipped and/or Service to the Disbursement Date in accordance with the Facility Agreeme | | C Yes | C No | |
| written approval)? | | C | C | |
| * Have all Local Cost Providers been approved by Ex-Im Bank? | | C Yes | C No | |
| Please provide any additional comments you want to include with this | | * | | |
| request: | | _ | | |
| | | - | | |
| | | | | |
| <u>Attachments:</u> To attach a document with the Disbursement request, please select | a local file using the "Browse" button a | nd click " | Attach". | |
| Browse Atta | ch | | | |
| | | | | |
| Exporter/Local Cost Provider Invoice(s): | | | | |
| Invoice(s) financed by this Disbursement must be added to the Disb Exporter or Local Cost Provider below and use the "Add Invoice" I | | | | |
| process for each Exporter's or Local Cost Provider's invoice(s). | | | | |
| Exporter/Local Cost Provider: | Select One | - | | |
| NAICS Code: Product Description: | | | | |
| r reader Bradenprion. | | * | | |
| Gross/total invoice amount paid: | USD | _ | | |
| Financed Amount (excluding Exposure Fee): | USD | | | |
| Number of invoices: | | | | 1 |
| | | _ | Add Invoice | 1 |
| No Invoice added. | | | | |
| | Back Save | Sub | mit Request | 1 |
| | | | | |
| Paperwork Reduction Act: We estimate it will take you about 1 hour per response, that includes the time it | will take to read the instructions, gather the new | essary fact | s and fill out the | |
| | alid OMB control number is displayed on the for | - Joury rubi | | |

B. Disbursement Request Form – CGF (Local Cost)

| Ex-Im Online Assisting Export Financing DEV Edition | | | | | |
|---|--|----------------|------------------|---|-------------------|
| - | | | | w | Ex-Im Online Home |
| | | | | | |
| Disbursement - Submit | | OMB No. 3 | 000X, Expires//- | | |
| To submit a Disbursement Request, please identify a contact, provi | le details on the requested Disburseme | nt, comple | e the | | |
| certifications, enter invoice information and click the "Submit Requise information can be retrieved at a later point. The "Back" button n | est" button. If you choose not to submit sturns you to the previous screen. | the reque: | t, press "Save' | | |
| Fields marked with * are required. | | | | | |
| Transaction Information: | 08522315XX0001 | | | | |
| Transaction Number: Agreement / Transaction / Program Type: | MTG / CGF / US Cost Guarantee | | | | |
| Operative Date: Final Disbursement Date: | 10/21/2012 9/19/2015 | | | | |
| Initial Eligibility Date: | 9/19/2012 | | | | |
| Amount Authorized / Undisbursed (USD): | 8,786,960.00 / 8,769,389.10 EUR | | | | |
| Foreign Currency: Amount Authorized / Undisbursed (FC): | 6,388,120.00/6,379,334.55 | | | | |
| Contact Information: | | | | | |
| * Contact Person: | Mary Smith | | | | |
| * Telephone Number: * Email: | 202-555-1212 mary.smith@email.com | | | | |
| | mary.sminigemail.com | | | | |
| Disbursement Information * Total amount of this request: | EUR / USD | | | | |
| * Amount of Exposure Fee related to this request: | USD | | | | |
| * Exposure Fee Rate related to this request: | % | | | | |
| * Date of Disbursement related to this request: * Date Exposure Fee was paid to Ex-Im Bank under this request: | (mm/dd/yyyy) | | | | |
| * Repayment Term related to this request: | C 2 years | | | | |
| | C 3 years | | | | |
| | C 4 years C 5 years | | | | |
| | C 7 years | | | | |
| | C Other | | | | |
| Certifications: | | C 11 | <u></u> | | |
| * Is payment of the Facility Fee current? * Have all Conditions Precedent and Special Conditions to disburst | mont hoon mot? | C Yes C Yes | C No C No | | |
| * Have all Disbursement Documents been received and are they all | | C Yes | C No | | |
| Agreement? | | | | | |
| * Has the Disbursement been calculated in accordance with the Fa | icility Agreement? | C Yes C Yes | C No C No | | |
| * Are any of the Goods used equipment? If yes, has Ex-Im Bank's written approval been obtained? | | C Yes | C No | | |
| * Does the Disbursement include any items on the list of Excluded | Goods and Services for which Ex-Im | C Yes | O No | | |
| Bank's written approval has not been obtained? * Are the dates that Goods were shipped and/or Services provided Disbursement Date in accordance with the Facility Agreement (unl | earlier than 180 days prior to the ess Ex-Im Bank has provided written | C Yes | C No | | |
| approval)? * Have all Exporters been approved by Ex-Im Bank? | | C Yes | C No | | |
| * Has any Exporter provided a statement pursuant to its Exporter's Services listed on the U.S. Munitions List (part 121 of Title 22 of th identify the Exporter and attach the Exporter's statement or list the | e Code of Federal Regulations)? If yes, | C Yes | C No | | |
| amount of each in the comment box below. | | | | | |
| Please provide any additional comments you want to include with this request. | | * | | | |
| request. | | | | | |
| | | * | | | |
| Attachments: | | | | | |
| To attach a document with the Disbursement request, please select | a local file using the "Browse" button | and click " | Attach". | | |
| Browse Atta | ch | | | | |
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| Exporter/Local Cost Provider Invoice(s): Invoice(s) financed by this Disbursement must be added to the Dist | Plana at Disease and a line in the | | - f h | | |
| Exporter or Local Cost Provider below and use the "Add Invoice" I | putton to associate the invoice(s) with th | e Request | Repeat this | | |
| process for each Exporter's or Local Cost Provider's invoice(s). | | | | | |
| Exporter/Local Cost Provider: | Select One | * | | | |
| NAICS Code: Product Description: | | | | | |
| Soonjanon. | | * | | | |
| Gross/total invoice amount paid: | EUR /USD | | | | |
| Financed Amount (excluding Exposure Fee): | EUR /USD | | | | |
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| 0.3. Content Percentage from the Exporter's Certificate. | % | | Add Invoice | 1 | |
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| suggestions regarding the above estimate or ways to simplify this form, forward | | | | | |
| Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503. | | | | | |

C. Disbursement Request Form – CGF (US Cost Foreign Currency - Fixed)

| D. D | Disbursement Req | uest Form - CGF | (Local Cost Foreig | gn Currency – Fixed) |
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| <form></form> | Disbursement - Submit | OMB N | o. XOOX, Expires// | |
| <form></form> | To submit a Disbursement Request, please identify a contact, provi | de details on the requested Disbursement, com | lete the | |
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| <form></form> | | Mary Smith | | |
| <form></form> | | P | | |
| | * Email: | mary.smith@email.com | | |
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| <pre>space space s</pre> | * Date Exposure Fee was paid to Ex-Im Bank under this request: | | | |
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| <pre>* How all Dipurposence Documents been neceived and are they all in compliance with the Facility vis vis</pre> | * Is payment of the Facility Fee current? | C Ye | s CNo | |
| Agreement? ********************************* | * Have all Conditions Precedent and Special Conditions to disburse | ement been met? C Ye | s C No | |
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| * Are any of the Local Cost Goods used equipment? * Yes a Two firyes, has Exim Bank's writen approval been obtained? * Are bank the trans on the list of Excluded Goods and Services for which Exim Bank's writen approval has not been obtained? * Yes bood * Yes b | | 75 A | C | |
| If yes, has Ex-Im Bank's writen approval been obtained? 'Yes No * Oces the Obsbursement include any items on the list of Excluded Goods and Services for which Ex-Im 'Ne No * Are the dates that Local Cost Goods were shipped and/or Services provided earlier than 180 days prior 'Yes 'No * Are the dates that Local Cost Foods were shipped and/or Services provided earlier than 180 days prior 'Yes 'No * Have all Local Cost Providers been approved by Ex-Im Bank? 'Yes 'No Please provide any additional comments you want to include with this inclusion. Please any observed any additional comments you want to include with this inclusion. Please provide any additional comments you want to include with this inclusion. Please provide any additional comments you want to include with this inclusion. Please provide any additional comments you want to include with this inclusion. Please provide any additional comments you want to include with this inclusion. Please provide any additional comments you want to include with this inclusion. Please provide any additional comments you want to include with this inclusion. Please provide any additional comments you want to include with this inclusion. Please provide any additional comments you want to include with this inclusion. Please provide any additional comments you want to include the Disbursement Request. Please enter innoice information for each Exporter's or Local Cost Provider Invoice(s). Exporter Local Cost Provider invoice(s). Exporter Local Cost Provider invoice(s). Lot | | | | |
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| | suggestions regarding the above estimate or ways to simplify this form, forward | correspondence to Ex-Im Bank and the Office of Manag | ement and budget, | |

| E. | Disbursement Request Form - CGF (US Cost Foreign Currency - Floating) |
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| Fields marked with * are required. | | | | | |
| Transaction Information: | | | | | |
| Transaction Number: | 08522315XX0001 | | | | |
| Agreement / Transaction / Program Type: Operative Date: | MTG / CGF / US Cost Guarantee 10/21/2012 | | | | |
| Final Disbursement Date: | 9/19/2015 | | | | |
| Initial Eligibility Date: Amount Authorized / Undisbursed (USD): | 9/19/2012 8,786,960.00 / 8,769,389.10 | | | | |
| Foreign Currency: | EUR | | | | |
| Amount Authorized / Undisbursed (FC): | 6,388,120.00 / 6,379,334.55 | | | | |
| Contact Information: * Contact Person: | Mary Smith | | | | |
| * Telephone Number: | 202-555-1212 | | | | |
| * Email: | mary.smith@email.com | | | | |
| Disbursement Information | | | | | |
| * Total amount of this request: | EUR / USD | | | | |
| * Amount of Exposure Fee related to this request: * Exposure Fee Rate related to this request: | | | | | |
| * Date of Disbursement related to this request: | % (mm/dd/yyyy) | | | | |
| * Date Exposure Fee was paid to Ex-Im Bank under this request: | (mm/dd/yyyy) | | | | |
| * Repayment Term related to this request: | C 2 years C 3 years | | | | |
| | C 4 years | | | | |
| | C 5 years | | | | |
| | C 7 years C Other | | | | |
| Castillantiana | outer 1 | | | | |
| Certifications: * Is payment of the Facility Fee current? | | C Yes | C No | | |
| * Have all Conditions Precedent and Special Conditions to disburst | ement been met? | C Yes | C No | | |
| * Have all Disbursement Documents been received and are they al | | C Yes | C No | | |
| Agreement? * Has the Disbursement been calculated in accordance with the Fa | acility Agreement? | C Yes | C No | | |
| * Are any of the Goods used equipment? | cinty Agreement? | C Yes | C No | | |
| If yes, has Ex-Im Bank's written approval been obtained? | | C Yes | C No | | |
| * Does the Disbursement include any items on the list of Excluded | Goods and Services for which Ex-Im | C Yes | C No | | |
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| * Have all Exporters been approved by Ex-Im Bank? | | C Yes | C No | | |
| * Has any Exporter provided a statement pursuant to its Exporter's Services listed on the U.S. Munitions List (part 121 of Title 22 of th identify the Exporter and attach the Exporter's statement or list the amount of each in the comment box below. | e Code of Federal Regulations)? If yes, | C Yes | C No | | |
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| Invoice(s) financed by this Disbursement must be added to the Disl Exporter or Local Cost Provider below and use the "Add Invoice" I | | | | | |
| process for each Exporter's or Local Cost Provider's invoice(s). | succes to associate the involce(s) with the | errequest | . Repeat this | | |
| Exporter/Local Cost Provider: | Select One | • | | | |
| NAICS Code: | | _ | | | |
| Product Description: | | - | | | |
| Gross/total invoice amount paid: | USD /EUR | ¥ | | | |
| Financed Amount (excluding Exposure Fee): | USD /EUR | | | | |
| Number of invoices: | | | | | |
| U.S. Content Percentage from the Exporter's Certificate: | % | | | | |
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F. Disbursement Request Form - CGF (Local Cost Foreign Currency - Floating)

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| certifications, enter invoice information and click the "Submit Requ so information can be retrieved at a later point. The "Back" button re | est" button. If you choose not to submit | the reque | st, press "Save" | | | | |
| Fields marked with * are required. | | | | | | | |
| Transaction Information: Transaction Number: | 08522315XX0001 | | | | | | |
| Agreement / Transaction / Program Type: | MTG / CGF / Local Cost | | | | | | |
| Operative Date: Final Disbursement Date: | 10/21/2012 9/19/2015 | | | | | | |
| Initial Eligibility Date: | 9/19/2012 | | | | | | |
| Amount Authorized / Undisbursed (USD): Foreign Currency: | 8,786,960.00 / 8,769,389.10 EUR | | | | | | |
| Amount Authorized / Undisbursed (FC): | 6,388,120.00 / 6,379,334.55 | | | | | | |
| Contact Information: | Mary Smith | | | | | | |
| * Contact Person: * Telephone Number: | 202-555-1212 | | | | | | |
| * Email: | mary.smith@email.com | | | | | | |
| Disbursement Information | | | | | | | |
| * Total amount of this request: * Amount of Exposure Fee related to this request: | EUR / USD | | | | | | |
| * Exposure Fee Rate related to this request: | w | | | | | | |
| Date of Disbursement related to this request: | (mm/dd/yyyy) | | | | | | |
| * Date Exposure Fee was paid to Ex-Im Bank under this request: * Repayment Term related to this request: | C 2 years (mm/dd/yyyy) | | | | | | |
| | C 3 years | | | | | | |
| | C 4 years C 5 years | | | | | | |
| | C 7 years | | | | | | |
| | C Other | | | | | | |
| Certifications: | | | | | | | |
| * Is payment of the Facility Fee current? | | C Yes | C No | | | | |
| * Have all Conditions Precedent and Special Conditions to disburse * Have all Disbursement Documents been received and are they all | | C Yes C Yes | C No C No | | | | |
| Agreement? | | | | | | | |
| * Has the Disbursement been calculated in accordance with the Fa * Are any of the Local Cost Goods used equipment? | cility Agreement? | C Yes C Yes | C No C No | | | | |
| If yes, has Ex-Im Bank's written approval been obtained? | | C Yes | C No | | | | |
| * Does the Disbursement include any items on the list of Excluded Bank's written approval has not been obtained? | Goods and Services for which Ex-Im | C Yes | C No | | | | |
| * Are the dates that Local Cost Goods were shipped and/or Service | s provided earlier than 180 days prior | C Yes | C No | | | | |
| to the Disbursement Date in accordance with the Facility Agreeme written approval)? | nt (unless Ex-Im Bank has provided | | | | | | |
| * Have all Local Cost Providers been approved by Ex-Im Bank? | | C Yes | C No | | | | |
| Please provide any additional comments you want to include with this | | * | | | | | |
| request | | | | | | | |
| | | Ŧ | | | | | |
| Attachments: | | | | | | | |
| To attach a document with the Disbursement request, please select | | nd click " | Attach". | | | | |
| Browse Atta | <u>n</u> | | | | | | |
| Exporter/Local Cost Provider Invoice(s): | | | | | | | |
| Invoice(s) financed by this Disbursement must be added to the Disb Exporter or Local Cost Provider below and use the "Add Invoice" to | | | | | | | |
| process for each Exporter's or Local Cost Provider's invoice(s). | | | | | | | |
| Exporter/Local Cost Provider: NAICS Code: | Select One | • | | | | | |
| NAICS Code: Product Description: | | * | | | | | |
| | | Ψ. | | | | | |
| Gross/total invoice amount paid: Financed Amount (excluding Exposure Fee): | USD /EUR | | | | | | |
| Number of invoices: | USD / EUR | | | | | | |
| | | | Add Invoice | | | | |
| No Invoice added. | | | | | | | |
| | Back Save | Sub | mit Request | | | | |
| | | | | | | | |
| Paperwork Reduction Act: | | | | | | | |
| We estimate it will take you about 1 hour per response, that includes the time it form. However, you are not required to provide information requested unless a vi suggestions regarding the above estimate or ways to simplify this form, forward | alid OMB control number is displayed on the for | m. If you ha | ve comments or | | | | |
| Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503. | spondonoo to Exhim bunk and the Office o | | aa Dovyči, | | | | |
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