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

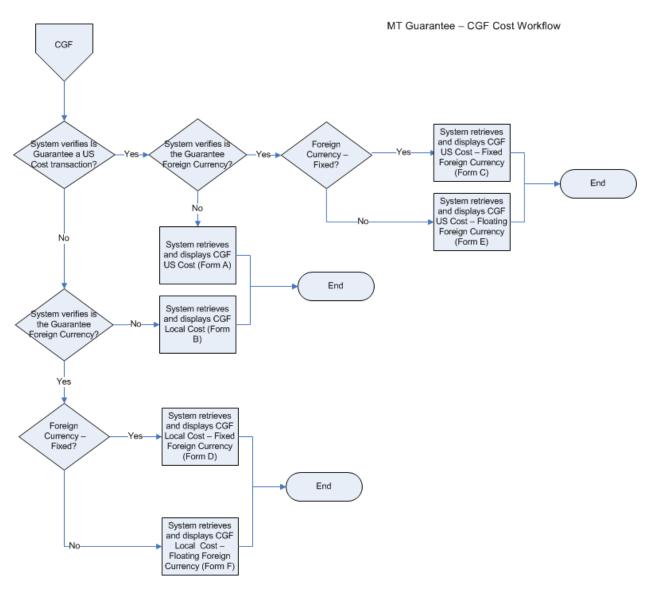
- FC Foreign Currency
- USD US Dollar
- EOL Ex-Im Online

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.).



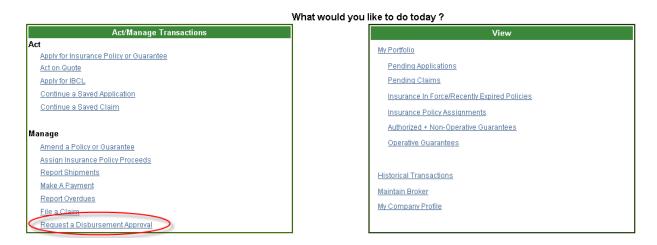
CGF Workflow

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		

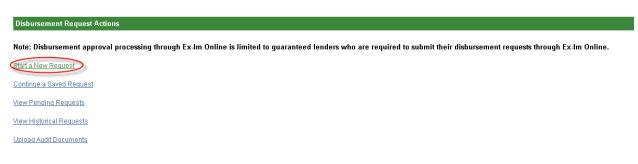
A. Data displayed with each disbursement request form

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				
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				
Number of invoices: U.S. Content Percentage from the Exporter's Certificate:	%				
0.3. Content Percentage from the Exporter's Certificate.	%		Add Invoice	1	
		_		1	
No Invoice added.					
	Back Save	Sub	nit 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 v	alid OMB control number is displayed on the fo	rm. If you ha	e comments or		
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)
------	------------------	-----------------	--------------------	----------------------

<page-header></page-header>	Ex-Im Online			Last logged on at 2:58 PM EST on Jan
<page-header></page-header>	Assisting Export Financing DEV Edition			
<form></form>				Ex-Im Online Home
<form></form>				
<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	
<form><form></form></form>	so information can be retrieved at a later point. The "Back" button re		Jest, press Save	
<form></form>	·			
<form></form>		08522315XX0001		
<form></form>		MTG / CGF / Local Cost		
<form></form>				
<form></form>		Mary Smith		
<form></form>		P		
	* Email:	mary.smith@email.com		
<form></form>				
*** Be sprement Tome we lade to the serve use:				
<pre>space space s</pre>	* Date Exposure Fee was paid to Ex-Im Bank under this request:			
<form></form>	* Repayment Term related to this request:			
<form></form>				
Contained ***********************************				
Cardinations				
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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)
L .	Disburschiefter Request Form Col (05 cost for eight currency Frouting)

Ex-Im Online					Last logged on at 2:58 PM EST on Jan
Assisting Export Financing DEV Edition					
					Ex-Im Online Home
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		OMENIA	0000, Expires -/-/		
Disbursement - Submit		UNIE NO	OOO, Expires www.		
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 r	est" button. If you choose not to submit	it, comple the reque	te the st, press "Save"		
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		
Bank's written approval has not been obtained? * Are the dates that Goods were shipped and/or Services provided	earlier than 180 days prior to the	C Yes	C No		
Disbursement Date in accordance with the Facility Agreement (unl approval)?	ess Ex-Im Bank has provided written	163			
* 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:					
		-			
Attachments: To attach a document with the Disbursement request, please selec	t a local file using the "Browse" button a	nd click "	Attach".		
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Exporter/Local Cost Provider Invoice(s):					
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:	%				
			Add Invoice		
No Invoice added.					
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We estimate it will take you about 1 hour per response, that includes the time i	alid OMB control number is displayed on the fo	m. If you ha	ve comments or		

F. Disbursement Request Form - CGF (Local Cost Foreign Currency - Floating)

Ex-Im Online				Logged in as: super_user_sqt <u>My Profile Change Password Helj</u> Last logged on at 2:58 PM EST on Jar			
Assisting Export Financing DEV Edition							
				wv	vw.ex	Ex-Im Online Home	
Disbursement - Submit		OMB No.)	000X, Expires//-				
To submit a Disbursement Request, please identify a contact, provid	le details on the requested Disbursemen	t comple	te the				
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		*					
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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.							
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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				
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