EIB 12-01 MT MGA Disbursement Approval Request Disbursement Request Submission Screenshots (MT Guarantee)
February 5, 2013

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I. Summary

Ex-Im Bank has developed an electronic disbursement approval processing system for guaranteed lenders with transactions documented under Medium-term Master Guarantee Agreements. After an export transaction 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. In order to obtain approval of the disbursement, the lender will access and complete an electronic questionnaire through ExIm Online. Ex-Im Bank's action (approved or declined) will be posted on the lender's history page.

An electronic request for disbursement approval has been developed for transactions approved under the 3 types of Medium-term Master Guarantee Agreement with variations in the disbursement request related to the 3 program types:

- 1. Master Guarantee Agreement (Medium Term Credits Electronic Compliance Program)
- Master Guarantee Agreement (Medium Term Credits Medium Term Delegated Authority Program)
- 3. Master Guarantee Agreement (Medium Term Credits Finance Lease)

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

- U.S. goods and services
- Local cost goods and services
- Interest during construction (available under Master Guarantee Agreement 1)

Finally, transactions denominated in a foreign currency may be authorized under Master Guarantee Agreements 1 and 2 listed above. 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. The MT Exposure Fee rate is also pre-populated for transactions under the Medium-Term Guarantee program.

Transaction Information:

Transaction Number:

Agreement / Transaction / Program Type:

Operative Date:

Final Disbursement Date:

Initial Eligibility Date:

Amount Authorized / Undisbursed (USD):

08522315XX0001

MTG / US Cost Guarantee

10/21/2012

9/19/2015

9/19/2012

8,786,960.00 / 8,769,389.10

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.

Contact Information:

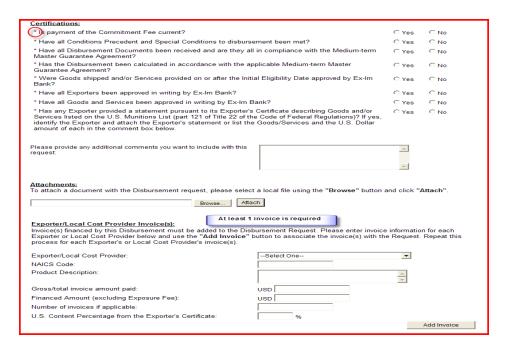
- * Contact Person:
- * Telephone Number:
- * Email:

Mary Smith

202-565-2200

marv.smith@email.com

Lastly, where noted, 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.



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

- MT Medium-Term
- MTG Medium Term Guarantee
- IDC Interest During Construction
- FC Foreign Currency
- USD U.S. 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 III. includes sample screenshots of each request form with the appropriate reference to a particular workflow process (i.e. A. Disbursement Request Form – MT Guarantee (US Cost) corresponds to MT Guarantee – US Cost Workflow "Form A reference" and "Form A" on the matrix).

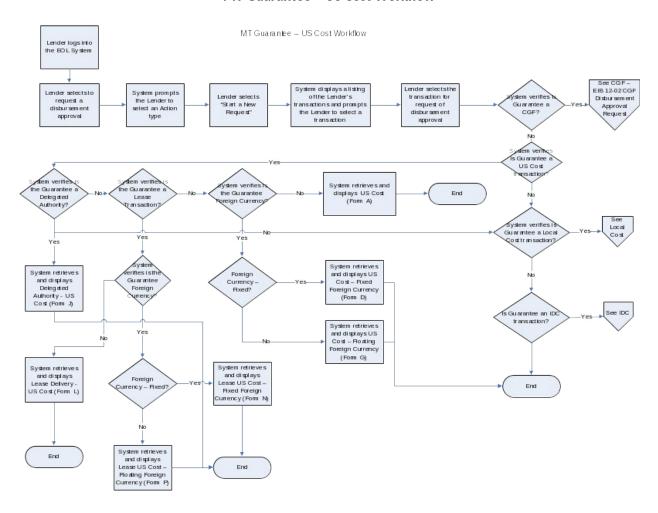
5 | Page

II. Disbursement Request Forms - Workflow

A. Workflow processes

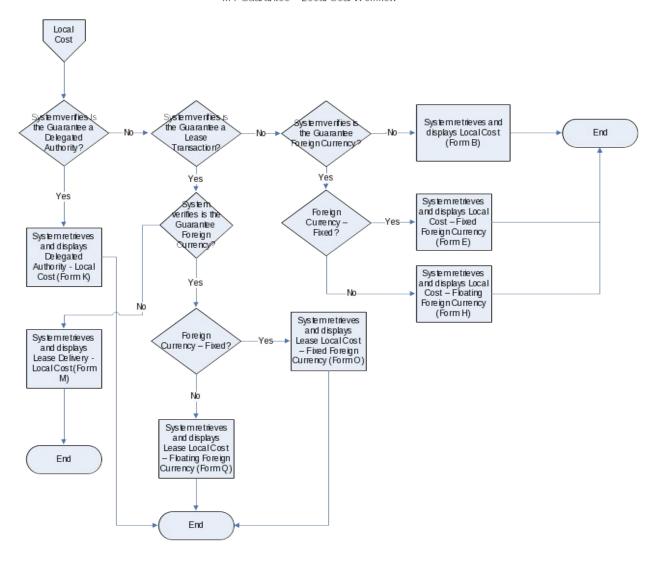
The workflow diagrams illustrate the System processes that occur when identifying which disbursement request form to display to the lender. Section III. provides sample screenshots which correspond to an "end state" outlined through the workflow as well as a column in the data matrix outlining the specific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

MT Guarantee - US Cost Workflow



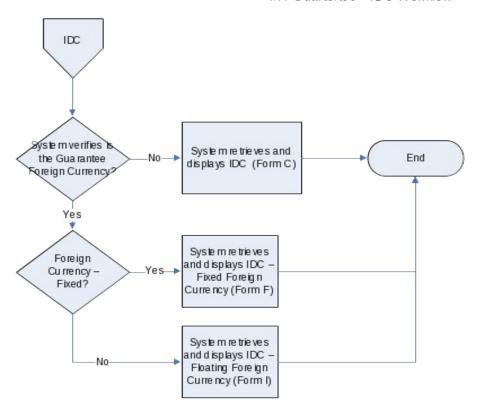
MT Guarantee - Local Cost Workflow

MT Guarantee - Local Cost Workflow



MT Guarantee - IDC Workflow

MT Guarantee - IDC Workflow



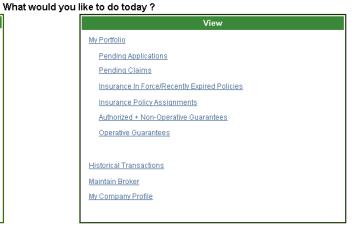
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Financed Amount (excluding Exposure Fee) (USD) X <t< td=""><td></td><td> ^</td><td>^</td><td>+</td><td>v</td><td>V</td><td>-</td><td>^</td><td>~</td><td>Ŧ</td><td>+^</td><td>+^</td><td>Ĥ</td><td>v</td><td>v</td><td></td><td>Ļ</td><td> </td></t<>		 ^	^	+	v	V	-	^	~	Ŧ	+^	+^	Ĥ	v	v		Ļ	
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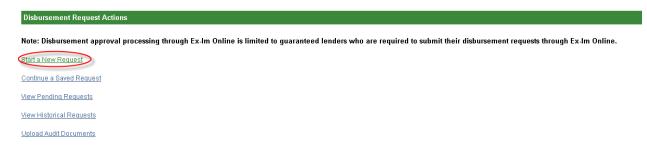
C. Accessing a Transaction

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 III. of this document.



III. Disbursement Request Forms - Sample Forms

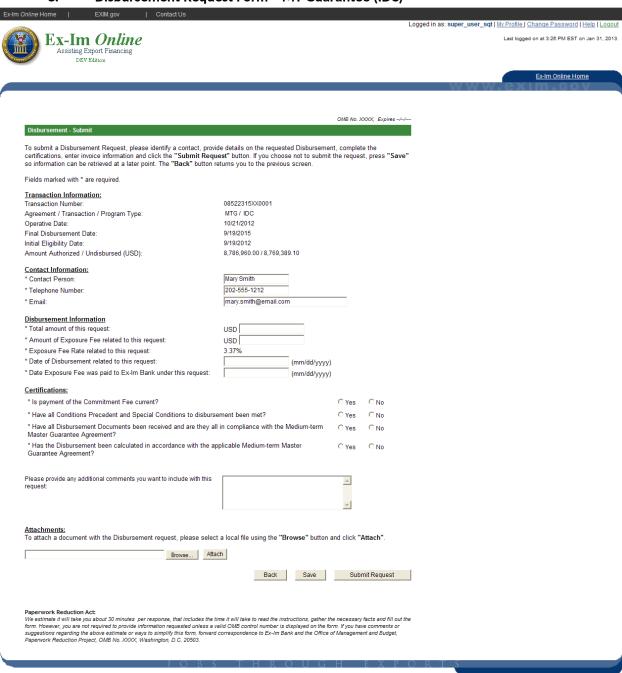
A. Disbursement Request Form - MT Guarantee (US Cost)

Online Home EXIM.gov Contact Us				Logged in as: supe	er user sat Mv	Profile Change Password Help
Ex-Im Online				Logged in as. supe		ast logged on at 3:28 PM EST on Jan
Assisting Export Financing DEV Edition						
DL v Lunion						Ex-Im Online Home
				W	ww.	exim.gov
		OMB No.	OOOX, Expires -/-/-			
Disbursement - Submit						
To submit a Disbursement Request, please identify a contact, provide certifications, enter invoice information and click the "Submit Requirements, enter invoice information and enter invoice invoice information and enter invoice information and enter invoice invoi	est" button. If you choose not to submit	nt, comple the reque	e the st, press "Save"			
so information can be retrieved at a later point. The "Back" button re Fields marked with * are required.	turns you to the previous screen.					
Transaction Information:						
Transaction Number:	08522315XX0001					
Agreement / Transaction / Program Type: Operative Date:	MTG / US Cost Guarantee 10/21/2012					
Final Disbursement Date:	9/19/2015					
Initial Eligibility Date:	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:	USD					
* Amount of Exposure Fee related to this request:	USD					
* Exposure Fee Rate related to this request: * Date of Disbursement related to this request:	3.37% (mm/dd/yyyy)					
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)					
Certifications:						
* Is payment of the Commitment Fee current?		C Yes	C No			
* Have all Conditions Precedent and Special Conditions to disburse	ment been met?	C Yes	C No			
* Have all Disbursement Documents been received and are they all	in compliance with the Medium-term	C Yes	C No			
Master Guarantee Agreement? * Has the Disbursement been calculated in accordance with the ap	nlicable Medium term Master	O v	C No			
Guarantee Agreement?		C Yes				
* Were Goods shipped and/or Services provided on or after the Initial Bank?	al Eligibility Date approved by Ex-Im	C Yes	C No			
* Have all Exporters been approved in writing by Ex-Im Bank?		C Yes	C No			
* Have all Goods and Services been approved in writing by Ex-Im B	ank?	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,	○ Yes	C No			
Please provide any additional comments you want to include with this		^				
request						
		-				
August 1997						
Attachments: To attach a document with the Disbursement request, please select	a local file using the "Browse" button a	and click "	Attach".			
Browse Attac	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" b						
process for each Exporter's or Local Cost Provider's invoice(s).						
Exporter/Local Cost Provider:	Select One	-				
NAICS Code:						
Product Description:		~				
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.						
	Back Save	Sub	mit Request			
Panapuork Reduction Act						
Paperwork Reduction Act: We estimate it will take you about 30 minutes per response, that includes the till from Monager up a per required to equipe to equipe the provide information required to the period of the				ne		
form. However, you are not required to provide information requested unless a vi-	uiu Owis control number is displayed on the fo	rın. ır you he	ve comments or			
suggestions regarding the above estimate or ways to simplify this form, forward Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.	correspondence to Ex-Im Bank and the Office of	of Managem	ini and budget,			

B. Disbursement Request Form - MT Guarantee (Local Cost)

Ex-Im <i>Online</i>					Last logged on at 3:26 PM EST on	ı Jan 3
Assisting Export Financing DEV Edition						
					Ex-Im Online Hom	<u>1e</u>
				ww	/w.exim.gov	V
		OMD No	XXXX, Expires -/-/	,		
Disbursement - Submit		OMB No.	XXXX, Expires -/-/	/		
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 to	est" button. If you choose not to subm	ent, comple it the reque	te the st, press "Save	•"		
Fields marked with * are required.	,					
Transaction Information:						
Transaction Number:	08522315XX0001 MTG / Local Cost					
Agreement / Transaction / Program Type: Operative Date:	10/21/2012					
Final Disbursement Date:	9/19/2015					
Initial Eligibility Date:	9/19/2012 8,786,960.00 / 8,769,389.10					
Amount Authorized / Undisbursed (USD):	0,700,900.0070,709,369.10					
Contact Information: * Contact Person:	Mary Smith					
* Telephone Number:	202-555-1212					
* Email:	mary.smith@email.com					
Disk	,					
<u>Disbursement Information</u> * Total amount of this request:	USD					
* Amount of Exposure Fee related to this request:	USD					
* Exposure Fee Rate related to this request:	3.37%					
* 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	")				
Certifications:						
* Is payment of the Commitment Fee current?		C Yes	C No			
* Have all Conditions Precedent and Special Conditions to disburs		○ Yes	C No			
* Have all Disbursement Documents been received and are they al Master Guarantee Agreement?	in compliance with the Medium-term	C Yes	○ No			
* Has the Disbursement been calculated in accordance with the al Guarantee Agreement?	pplicable Medium-term Master	C Yes	C No			
* Were Local Cost Goods and Services provided on or after the Init	ial Eligibility Date approved by Ex-Im	C Yes	C No			
Bank?		_				
* Have all Local Cost Providers been approved in writing by Ex-Im		○ Yes	○ No			
* Have all Local Cost Goods and Services been approved in writing	by Ex-im bank?	C Yes	○ No			
Please provide any additional comments you want to include with this		_				
request:						
		-				
Attachments: To attach a document with the Disbursement request, please selectors attach a document with the Disbursement request, please selectors. Browse Attachments:	-	and click '	'Attach".			
Exporter/Local Cost Provider Invoice(s):						
Invoice(s) financed by this Disbursement must be added to the Dis Exporter or Local Cost Provider below and use the "Add Invoice" process for each Exporter's or Local Cost Provider's invoice(s).						
Exporter/Local Cost Provider:	Select One	•				
NAICS Code:		_				
Product Description:		A				
Cross/total invoice amount and	LIOP	~				
Gross/total invoice amount paid: Financed Amount (excluding Exposure Fee):	USD					
Number of invoices:	USD					
	1		Add Invoice	1		
				_		
No Invoice added.						
	Back Save	Sut	mit Request			
December 1						
Paperwork Reduction Act:						
We estimate it will take you about 30 minutes per response, that includes the t form. However, you are not required to provide information requested unless a v				the		

C. Disbursement Request Form - MT Guarantee (IDC)



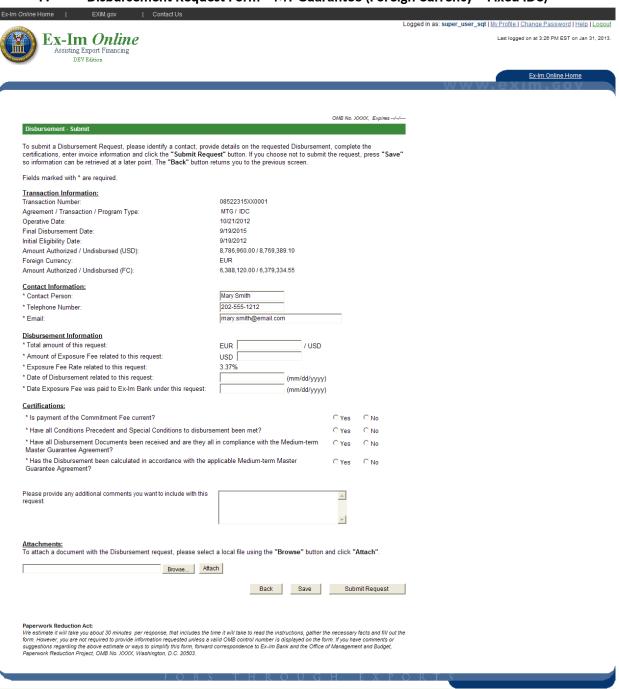
D. Disbursement Request Form - MT Guarantee (Foreign Currency - Fixed US Cost)

Ex-Im Online					Last logged on	inge Password Help n at 3:26 PM EST on Jar
Assisting Export Financing DEV Edition						
				w	ww.exi	Ex-Im Online Home
Disbursement - Submit		OMB No.	XXXX, Expires//-			
To submit a Disbursement Request, please identify a contact, provicertifications, enter invoice information and click the "Submit Requ	le details on the requested Disburseme est" button. If you choose not to subm	nt, comple	te the st. press "Save"			
so information can be retrieved at a later point. The "Back" button r						
Fields marked with * are required.						
Transaction Information: Transaction Number:	08522315XX0001					
Agreement / Transaction / Program Type:	MTG / US Cost Guarantee					
Operative Date:	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:	USD					
* Exposure Fee Rate related to this request:	3.37%					
* 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)				
Certifications:						
* Is payment of the Commitment Fee current?		C Yes	C No			
* Have all Conditions Precedent and Special Conditions to disburse	ment heen met?	O Yes	O No			
* Have all Disbursement Documents been received and are they all		C Yes	C No			
Master Guarantee Agreement?		res	C 140			
* Has the Disbursement been calculated in accordance with the ap	plicable Medium-term Master	C Yes	C No			
Guarantee Agreement? * Were Goods shipped and/or Services provided on or after the Initi	al Eligibility Date approved by Ex-Im	C v	CHI			
Bank?	ar Enginitry Date approved by Ex-III	○ Yes	C No			
* Have all Exporters been approved in writing by Ex-Im Bank?		O Yes	C No			
* Have all Goods and Services been approved in writing by Ex-Im E	ank?	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,	○ Yes	C No			
Please provide any additional comments you want to include with this request:		A				
		-1				
<u>Attachments:</u> 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): Imoice(s) financed by this Disbursement must be added to the Dist 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:		*				
		~				
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:	96		Add Invoice	1		
No Invoice added.				1		
	Back Save	Sut	mit Request			
Paperwork Reduction Act:						
	me it will take to read the instructions, gather	he necessar		e		
VVe estimate it will take you about 30 minutes, per response, that includes the ti form. However, you are not required to provide information requested unless a v		orm Homes to	ve commente er			

E. Disbursement Request Form - MT Guarantee (Foreign Currency - Fixed Local Cost)

Control Districtions (Pagent) please sterify a contact, provide details on the requested Debursement, complete the confidence on the request movie efforts and click the "Submit Request" button it you choose not to submit the request, press "Save" or infranction can be refused in a bild print. The "Debt" button returns you to the pressure of the button the request, press "Save" or infranction information. Transaction Information: Traing-formation: Train	COS No. 2005. Egypts	Ex-Im Online				Logged in as: supe			nange Passwo	
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Transaction Information Information Information Information Transaction Information Inform	Semantic with "are required. SECOND STATES OF THE CONTROL OF THE	ertifications, enter invoice information and click the "Submit Requ	jest" button. If you choose not to subm	ent, complet nit the reques	the press "Save					
infansación Number: 089221500001 Miró I Lecal Cost poperativo Date: 100740712 Intal Distursement Official Date: 100740712 Intal Distursement Official Date: 100740712 Intal Distursement Official Date: 100740712 Intal Distursement Information: 100740712 Intel Distursement Intel Intel Distursement Intel Intel Distursement	actions Number: 08522315000001 retines Quite		etams you to the previous screen.							
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mails Eligibity, Date mount Authorized / Undobursed (USD):	# English y Date: with Authorized J Undistabused (USD): ## Proposed on 17 to 3 and 10 and 1									
Add mocice Invariant Authorized / Undisbursed (ISD): Foreign Currency: FUR FURNISH Authorized / Undisbursed (FC): 8.388.120.00 / 6.379.334.55 Contact Information: Contact Person: Telephone Number: Final:	unif Authorized / Undesbursed (SO); ign Currency: Ign Curr									
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Exporter/Local Cost Provider Invoice(s): Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter of Local Cost Provider survives the "Add Invoice" button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s). Exporter/Local Cost Provider: NAICS Code: Product Description: Gross/total invoice amount paid: EUR / USD Number of invoices: Add Invoice No Invoice added. Back Save Submit Request Paperwork Reduction Act: We estimate it will take you about 30 minutes per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the minutes per provise information requested unless a valid OMS control number is displayed on the form. If you have comments or	conter/Local Cost Provider Invoice(s): ice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each order or Local Cost Provider below and use the "Add Invoice" button to associate the invoice(s) with the Request. Repeat this cases for each Exporter's or Local Cost Provider's invoice(s). order/Local Cost Provider: CS Code: duct Description: ss/total invoice amount paid: servorte Reduction (excluding Exposure Fee): ber of invoices: Back Save Submit Request Add Invoice servorte Reduction Act: stimate it will take you about 30 minutes per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the However, you are not required to provide information requested unless a valid CMB control number is displayed on the form. If you have comments or estations regarding the ebone estimate or ways to simplify this form, fivenum test.		t a local file using the "Browse" butto	n and click "/	ttach".					
Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter or Local Cost Provider below and use the "Add Invoice" button to associate the invoice(s) with the Request. Repeat this process for each Exporter/Local Cost Provider: Exporter/Local Cost Provider: NAICS Code: Product Description: Gross/total invoice amount paid: EUR / USD Number of invoices: Add Invoice No Invoice added. Back Save Submit Request Paperwork Reduction Act: We estimate it will take you should solve a not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or	ice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each order or Local Cost Provider below and use the "Add Invoice" button to associate the invoice(s) with the Request. Repeat this sees for each Exporter's or Local Cost Provider: Onter/Local Cost Provider:	Browse Atta	ch							
Exporter or Local Cost Provider below and use the "Add Invoice" button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s). Exporter/Local Cost Provider: NAICS Code: Product Description: Gross/total invoice amount paid: EUR / USD Number of invoices: Add Invoice No Invoice added. Baok Save Submit Request Paperwork Reduction Act: We estimate it will take you soou 30 minutes per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or	order or Local Cost Provider below and use the "Add Invoice" button to associate the invoice(s) with the Request. Repeat this sees for each Exporter's or Local Cost Provider's invoice(s). Oster/Local Cost Provider: —Select One— ———————————————————————————————————		hursement Request. Please enter invol	ce informatio	n for each					
NAICS Code: Product Description: Gross/total invoice amount paid: EUR //USD Number of invoices: Add Invoice No Invoice added. Back Save Submit Request Paperwork Reduction Act: We estimate it will take you about 30 minutes per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the morn 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	CS Code: duct Description: softotal invoice amount paid: enced Amount (excluding Exposure Fee): EUR / USD anced Amount (excluding Exposure Fee): EUR / USD Add Invoice Add Invoice anvoice added. Back Save Submit Request stimate it will take you about 30 minutes per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the 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 extensor against the office of Management and Budget,	exporter or Local Cost Provider below and use the "Add Invoice"								
Product Description: Gross/total invoice amount paid: Financed Amount (excluding Exposure Fee): EUR JUSD Number of invoices: Add Invoice No Invoice added. Back Save Submit Request Paperwork Reduction Act: We estimate It will take you should 30 minutes per response, that includes the time It will take to read the instructions, gather the necessary facts and fill out the minum 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	duct Description: ss/Atotal invoice amount paid: EUR	Exporter/Local Cost Provider:	Select One	₩						
Gross/total invoice amount paid: EUR /USD Financed Amount (excluding Exposure Fee): EUR /USD Number of invoices: Add Invoice No Invoice added. Baok Save Submit Request Paperwork Reduction Act: We estimate it will take you should 30 minutes 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. Hyou have comments or	ss/total invoice amount paid: EUR /USD Add Invoices: Add Invoice									
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Financed Amount (excluding Exposure Fee): EUR	anced Amount (excluding Exposure Fee): Bur JUSD Add Invoice Add Invoice Add Invoice Add Invoice Add Invoice Back Save Submit Request			\forall						
Number of invoices: Add Invoice No Invoice added. Back Save Submit Request Paperwork Reduction Act: We estimate it will take you about 30 minutes 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. Hyou have comments or	nber of invoices: Add Invoice Add Invoice Add Invoice Back Save Submit Request Submit Request Submit Request Add Invoice added.									
Add Invoice No Invoice added. Baok Save Submit Request Paperwork Reduction Act: We estimate it will take you about 30 minutes 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	Add Invoice Back Save Submit Request Provote Reduction Act: Stimmle if will take you about 30 minutes per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the However, you are not required to provide information requested unless a wait OMB control number is displayed and the form. If you have comments or estations regarding the above estimate or ways to simplify this form, froward correspondence to E-bir Bank and the Office of Management.		EUR /USD							
No Invoice added. Back	erwork Reduction Act: ### State	number of invoices:			Add Investor	1				
Paperwork Reduction Act: We estimate it will take you about 30 minutes 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	Back Save Submit Request arrwork Reduction Act: stimate it will take you about 30 minutes per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the However, you are not required to provide information requested unless a wait OMB control number is displayed on the form. If you have comments or estations regarding the above estimate or ways to simplify this form, froward correspondence to E-Lim Bank and the Office of Management.				nua invoice					
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Ve estimate it will take you about 30 minutes 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	satimate it will take you about 30 minutes per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the 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 esterious regarding the above estimate or ways to simplify this form, froward correspondence to Ex-lin Bank and the Office of Managent and Budget,		Back Save	Subr	nit Request					
We estimate it will take you about 30 minutes 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	satimate it will take you about 30 minutes per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the 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 esterious regarding the above estimate or ways to simplify this form, froward correspondence to Ex-lin Bank and the Office of Managent and Budget,	annual Palutin Art								
orm. However, you are not required to provide information requested unless a valid CMB control number is displayed on the form. If you have comments or upmasticars reparding the phone estimate or ways to simplify this form formation consorting to F.F.J.m. Back and the CMB-control indicated and purposed and Purious.	estions regarding the above estimate or ways to simplify this form, forward correspondence to Ex-Im Bank and the Office of Management and Budget,	Ve estimate it will take you about 30 minutes per response, that includes the				he				
-gg	nvork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.	uggestions regarding the above estimate or ways to simplify this form, forward	and OMB control number is displayed on the correspondence to Ex-Im Bank and the Offic	torm. If you have of Manageme	e comments or nt and Budget,					

F. Disbursement Request Form - MT Guarantee (Foreign Currency - Fixed IDC)



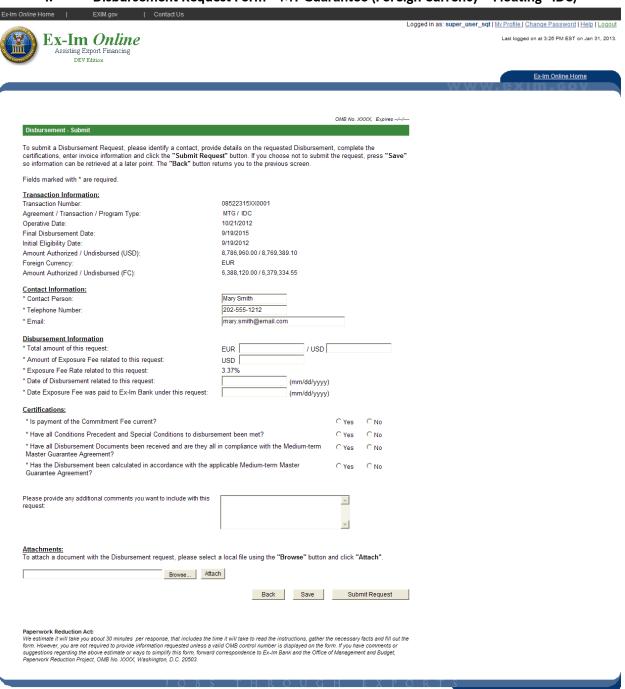
G. Disbursement Request Form - MT Guarantee (Foreign Currency - Floating US Cost)

Ex-Im Online Assisting Export Financing						ed on at 3:26 PM EST on Jan 3
DEV Edition						Fuller Oalling Harry
				wv	vw.ex	Ex-Im Online Home
		OMB No	OOOX, Expires//-			
Disbursement - Submit						
o submit a Disbursement Request, please identify a contact, provic ertifications, enter invoice information and click the "Submit Requ	e details on the requested Disbursemen	t, comple	e the			
o information can be retrieved at a later point. The "Back" button re	turns you to the previous screen.	ano roquo	n, proso our o			
ields marked with * are required.						
ransaction Information: ransaction Number:	08522315XX0001					
Agreement / Transaction / Program Type:	MTG / US Cost Guarantee					
Operative Date:	10/21/2012					
Final Disbursement Date: nitial Eligibility Date:	9/19/2015 9/19/2012					
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10					
Foreign Currency: Amount Authorized / Undisbursed (FC):	EUR 6,388,120.00 / 6,379,334.55					
	0,300,120.0070,378,334.33					
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:	USD					
Exposure Fee Rate related to this request: Date of Disbursement related to this request:	3.37% (mm/dd/yyyy)					
Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)					
Certifications:						
* Is payment of the Commitment Fee current?		C Yes	C No			
* Have all Conditions Precedent and Special Conditions to disburse	ment been met?	C Yes	C No			
* Have all Disbursement Documents been received and are they all	in compliance with the Medium-term	C Yes	○ No			
Master Guarantee Agreement? * Has the Disbursement been calculated in accordance with the ap	nlicable Medium-term Master	C Yes	C No			
Guarantee Agreement?		C Tes				
* Were Goods shipped and/or Services provided on or after the Initi. Bank?	al Eligibility Date approved by Ex-Im	C Yes	○ No			
* Have all Exporters been approved in writing by Ex-Im Bank?		C Yes	C No			
* Have all Goods and Services been approved in writing by Ex-Im B	ank?	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 thi identify the Exporter and attach the Exporter's statement or list the amount of each in the comment box below.	Code of Federal Regulations)? If yes,	C Yes	C No			
Please provide any additional comments you want to include with this equest:						
		~ I				
Attachments:						
o attach a document with the Disbursement request, please select	a local file using the "Browse" button a	nd click "	Attach".			
Browse Atta	h					
xporter/Local Cost Provider Invoice(s):	December 1		- 6			
nvoice(s) financed by this Disbursement must be added to the Disb Exporter or Local Cost Provider below and use the "Add Invoice" b						
process for each Exporter's or Local Cost Provider's invoice(s).						
Exporter/Local Cost Provider:	Select One	~				
VAICS 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:	%			1		
			Add Invoice			
No Invoice added.						
	Back Save	Sub	mit Request	1		
				-		
aperwork Reduction Act:	ne it will take to read the instructions, gather th					

H. Disbursement Request Form - MT Guarantee (Foreign Currency - Floating Local Cost)

Ex-Im <i>Online</i>					Last logged on at 3:26 PM EST on Jan
Assisting Export Financing DEV Edition					
					Ex-Im Online Home
				W	ww.exim.gov
Disbursement - Submit		OMB No. 3	OOOX, Expires//	/	
o submit a Disbursement Request, please identify a contact, provi	do dataile on the requested Dishursemen	t comple	to the		
ertifications, enter invoice information and click the "Submit Requ o information can be retrieved at a later point. The "Back" button r	est" button. If you choose not to submit			,"	
ields marked with * are required.	stame you to the pronous coroni.				
ransaction Information:					
ransaction Number: .greement / Transaction / Program Type:	08522315XX0001 MTG / Local Cost				
perative Date:	10/21/2012				
inal Disbursement Date: nitial Eligibility Date:	9/19/2015 9/19/2012				
mount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10 EUR				
oreign Currency: mount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55				
ontact Information:					
Contact Person: Telephone Number:	Mary Smith 202-555-1212				
Email:	mary.smith@email.com				
visbursement Information					
Total amount of this request:	EUR / USD				
Amount of Exposure Fee related to this request: Exposure Fee Rate related to this request:	USD 3.37%				
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)				
ertifications: * Is payment of the Commitment Fee current?		C Yes	○ No		
* Have all Conditions Precedent and Special Conditions to disburs	ement been met?	C Yes	C No		
* Have all Disbursement Documents been received and are they al		C Yes	C No		
Master Guarantee Agreement? * Has the Disbursement been calculated in accordance with the a	plicable Medium-term Master	C Yes	C No		
Guarantee Agreement? * Were Local Cost Goods and Services provided on or after the Init	ial Eligibility Date approved by Ex-Im	C Yes	○ No		
Bank?					
* Have all Local Cost Providers been approved in writing by Ex-Im I * Have all Local Cost Goods and Services been approved in writing		○ Yes ○ Yes	○ No ○ No		
	•				
lease provide any additional comments you want to include with this equest:		A			
		Y			
sttachments:					
o attach a document with the Disbursement request, please selec		ind click "	Attach".		
Browse Atta	ch				
exporter/Local Cost Provider Invoice(s):					
nvoice(s) financed by this Disbursement must be added to the Dis exporter or Local Cost Provider below and use the "Add Invoice"	oursement Request. Please enter invoice	information	n for each Repeat this		
rocess for each Exporter's or Local Cost Provider's invoice(s).		,			
Exporter/Local Cost Provider:	Select One	\blacksquare			
IAICS Code: Product Description:					
- Color Description:		~			
Pross/total invoice amount paid:	USD /EUR				
Financed Amount (excluding Exposure Fee):	USD /EUR				
			Add Invoice		
lo Invoice added.					
	Back Save	Quh	mit Request	1	
	Dave	500	request		
aperwork Reduction Act: Ve estimate it will take you about 30 minutes per response, that includes the t	me it will take to read the instructions, gather th			the	
rm. However, you are not required to provide information requested unless a v					

I. Disbursement Request Form - MT Guarantee (Foreign Currency - Floating IDC)



J.	Disbursement Request Form - MT Guarantee (Delegated Authority US Cost)

DEV Edition				Coulon O	nline Home
				EX-IM OF	iline Home
		OMB No.	XXXX, Expires -/-/		
Disbursement - Submit					
o submit a Disbursement Request, please identify a contact, provi ertifications, enter invoice information and click the "Submit Requ	est" button. If you choose not to subm				
information can be retrieved at a later point. The "Back" button r	eturns you to the previous screen.				
elds marked with * are required.					
ransaction Information: ansaction Number:	08522315XX0001				
greement / Transaction / Program Type:	MTG / Delegated Authority / US Cost (Suarantee			
perative Date:	10/21/2012				
nal Disbursement Date:	9/19/2015				
itial Eligibility Date: mount Authorized / Undisbursed (USD):	9/19/2012 8,786,960.00 / 8,769,389.10				
ontact Information: Contact Person:	Mary Smith				
Telephone Number:	202-555-1212				
Email:	mary.smith@email.com				
-					
isbursement Information Total amount of this request:	USD				
Amount of Exposure Fee related to this request:	USD				
Exposure Fee Rate related to this request:	3.37%				
Amount of Exposure Fee paid to Ex-Im Bank under this request:	USD				
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	1)			
ertifications:					
Is payment of the Commitment Fee current?		C Yes	○ No		
Have all Conditions Precedent and Special Conditions to disburse	ement been met?	O Yes	○ No		
Have all Disbursement Documents been received and are they al	in compliance with the Medium-term	C Yes	○ No		
Naster Guarantee Agreement? Has the Disbursement been calculated in accordance with the ag	unlicable Medium term Master	C	C		
Has the Disbursement been calculated in accordance with the ap Guarantee Agreement?	plicable Medium-term Master	C Yes	○ No		
Were Goods shipped and/or Services provided on or after the Initia	al Eligibility Date approved by Ex-Im	C Yes	○ No		
Bank?					
Have all Exporters been approved in writing by Ex-Im Bank? Have all Goods and Services been approved in writing by Ex-Im E	110	C Yes	CNo CNo		
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 the dentify the Exporter and attach the Exporter's statement or list the imount of each in the comment box below.	Certificate describing Goods and/or e Code of Federal Regulations)? If yes,	C Yes	C No		
ease provide any additional comments you want to include with this					
quest:		^			
		-			
ttachments: o attach a document with the Disbursement request, please select	a local file using the "Browse" button	and click "	'Attach".		
Browse Atta	ch				
	_				
xporter/Local Cost Provider Invoice(s): voice(s) financed by this Disbursement must be added to the Dist xporter or Local Cost Provider below and use the "Add Invoice" I	oursement Request. Please enter invoic outton to associate the invoice(s) with t	e information	on for each Repeat this		
rocess for each Exporter's or Local Cost Provider's invoice(s).					
xporter/Local Cost Provider:	Select One	•			
AICS Code: roduct Description:					
reader Seconption.		~			
ross/total invoice amount paid:	USD				
inanced Amount (excluding Exposure Fee):	USD				
umber of invoices:					
S. Content Percentage from the Exporter's Certificate:	%		Add Invoice		
o Invoice added.			Add lilvoice		
	Back Save	Sub	mit Request		

K. Disbursement Request Form - MT Guarantee (Delegated Authority Local Cost)

Ex-Im Online Assisting Export Financing						
DEV Edition						
				w۱	vw.exi	Ex-Im Online Home
		OMB No. 2	XXX, Expires//-			
Disbursement - Submit						
To submit a Disbursement Request, please identify a contact, proviocertifications, enter invoice information and click the "Submit Reques information can be retrieved at a later point. The "Back" button re	est" button. If you choose not to submit					
Fields marked with * are required.						
Transaction Information:						
Transaction Number: Agreement / Transaction / Program Type:	08522315XX0001 MTG / Delegated Authority / Local Cost					
Agreement / Transaction / Program Type. Operative Date:	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					
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:	3.37%					
* Amount of Exposure Fee paid to Ex-Im Bank under this request:	USD					
* 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)					
Certifications:		_				
* Is payment of the Commitment Fee current?		C Yes	O No			
* Have all Conditions Precedent and Special Conditions to disburse * Have all Disbursement Documents been received and are they all		○ Yes ○ Yes	C No C No			
Master Guarantee Agreement?		· 162				
* Has the Disbursement been calculated in accordance with the ap Guarantee Agreement?	plicable Medium-term Master	C Yes	○ No			
* Were Local Cost Goods and Services provided on or after the Initi Bank?	al Eligibility Date approved by Ex-Im	C Yes	C No			
* Have all Local Cost Providers been approved in writing by Ex-Im B	Bank?	O Yes	○ No			
* Have all Local Cost Goods and Services been approved in writing	by Ex-Im Bank?	C Yes	○ No			
Please provide any additional comments you want to include with this request:		_				
		4				
Attachments						
<u>Attachments:</u> To attach a document with the Disbursement request, please select	a local file using the "Browse" button a	and 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" t process for each Exporter's or Local Cost Provider's invoice(s).						
Exporter/Local Cost Provider: NAICS Code:	Select One	•				
Product Description:		A				
		<u>*</u>				
Gross/total invoice amount paid:	USD					
Financed Amount (excluding Exposure Fee): Number of invoices:	USD					
realists of illiforate.			Add Invoice	1		
No Invoice added.						
	Back Save	Sub	mit Request			
Paperwork Reduction Act:						
			facts and fill out th			

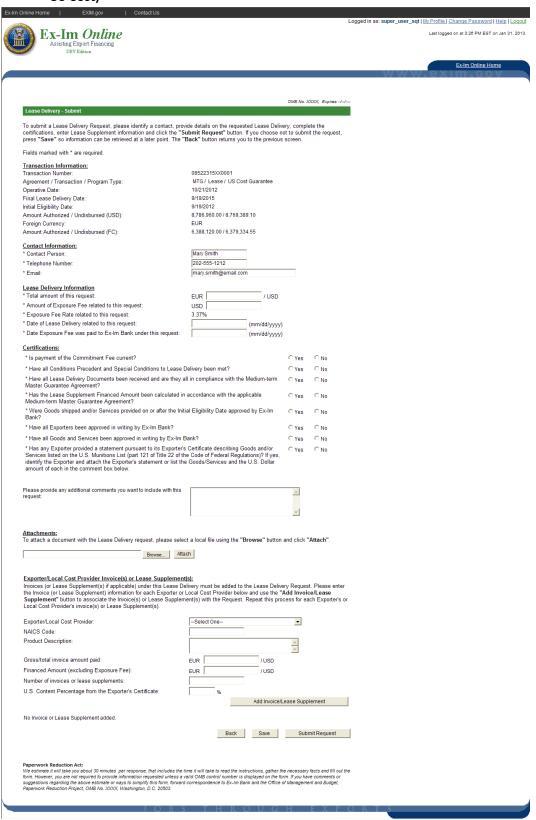
L. Disbursement Request Form - MT Guarantee (Lease Delivery US Cost)

Assisting Export Financing DEV Edition					
					Ex-Im Online Home
				wwv	7.exim.gov
Lease Delivery - Submit		OMB No.	OOOX, Expires//-		
To submit a Lease Delivery Request, please identify a contact,	provide details on the requested Lease De	ivery, compl	ete the	_	
certifications, enter Lease Supplement information and click the press "Save" so information can be retrieved at a later point. T			it the request,		
Fields marked with * are required.					
Fransaction Information:					
Fransaction Number:	08522315XX0001				
Agreement / Transaction / Program Type: Operative Date:	MTG / Lease / US Cost Guarantee 10/21/2012				
Final Lease Delivery Date:	9/19/2015				
nitial Eligibility Date: Amount Authorized / Undisbursed (USD):	9/19/2012 8,786,960.00 / 8,769,389.10				
	6,760,900.0076,709,369.10				
Contact Information: Contact Person:	Mary Smith				
Telephone Number:	202-555-1212				
Email:	mary.smith@email.com				
_ease Delivery 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 Lease Delivery related to this request:	3.37%	. A			
Date Exposure Fee was paid to Ex-Im Bank under this reques	st: (mm/dd/yyy				
	(,,			
Certifications: * Is payment of the Commitment Fee current?		C Yes	C No		
* Have all Conditions Precedent and Special Conditions to Lea	ise Delivery been met?	C Yes	C No		
* Have all Lease Delivery Documents been received and are th	· · · · · · · · · · · · · · · · · · ·	C Yes	C No		
Master Guarantee Agreement?					
* Has the Lease Supplement Financed Amount been calculate Medium-term Master Guarantee Agreement?	ed in accordance with the applicable	C Yes	C No		
* Were Goods shipped and/or Services provided on or after the	e Initial Eligibility Date approved by Ex-Im	O Yes	C No		
Bank? * Have all Exporters been approved in writing by Ex-Im Bank?		C Yes	C No		
* Have all Goods and Services been approved in writing by Ex-	Im Bank?	C Yes	C No		
* Has any Exporter provided a statement pursuant to its Expo		C Yes	C No		
Services listed on the U.S. Munitions List (part 121 of Title 22 identify the Exporter and attach the Exporter's statement or list amount of each in the comment box below.	of the Code of Federal Regulations)? If yes at the Goods/Services and the U.S. Dollar	,			
Please provide any additional comments you want to include with t	his	_			
equest		_			
		-			
Attachments:			"A4L"		
To attach a document with the Lease Delivery request, please		n and click	Attach .		
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Exporter/Local Cost Provider Invoice(s) or Lease Supplem Invoices (or Lease Supplement(s) if applicable) under this Leas		uon, Doguo	et Planca antar		
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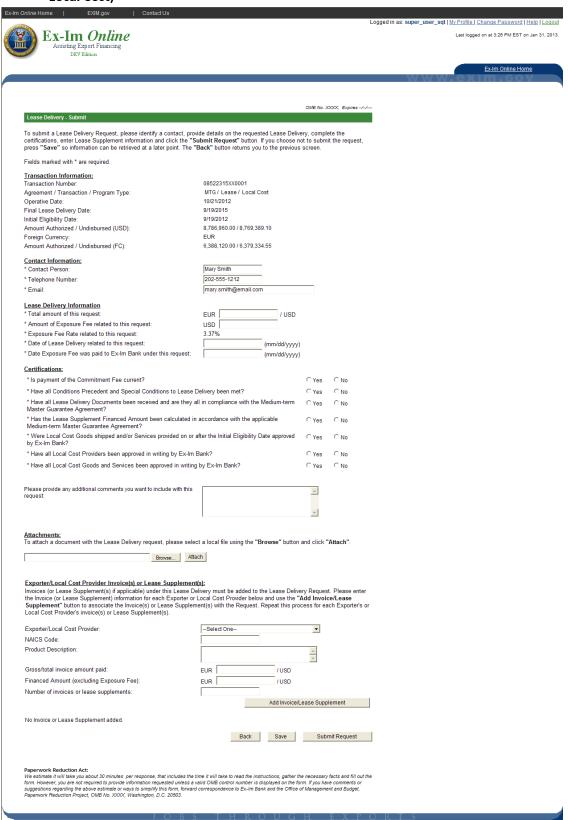
M. Disbursement Request Form - MT Guarantee (Lease Delivery Local Cost)

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suggestions regarding the above estimate or ways to simplify this form, torward correspondence to Ex-im Bank and the Office of Management and Rudget	form. However, you are not required to provide information requested unless a va	lid OMB control number is displayed on the fo	orm. If you has	ve comments or			
suggestions regarding the above extrained oways a simplify and to first joint and the Chick of Management and Budget, Pagenrior's Reduction Project, OMB No. XXXX or XXXIII and XXIII and	suggestions regarding the above estimate or ways to simplify this form, forward of Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.	orrespondence to Ex-Im Bank and the Office	of Manageme	ent and Budget,			

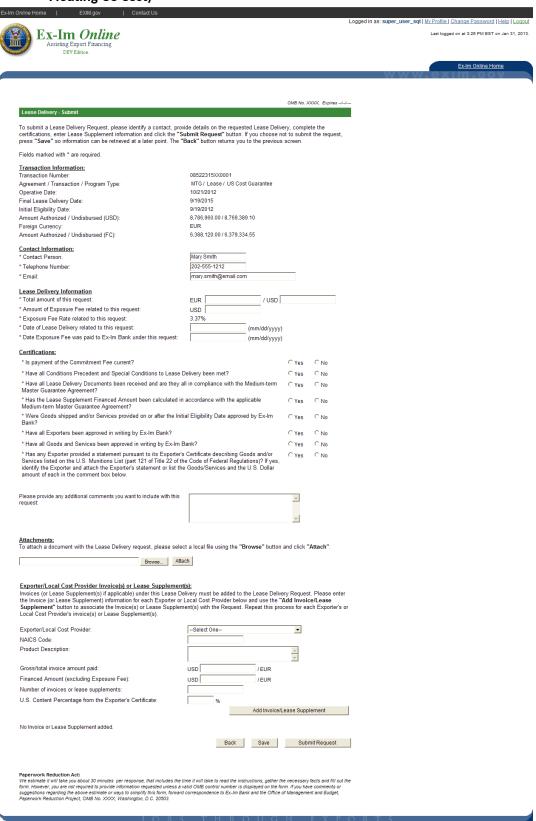
N. Disbursement Request Form - MT Guarantee (Lease Delivery Foreign Currency - Fixed US Cost)



O. Disbursement Request Form - MT Guarantee (Lease Delivery Foreign Currency - Fixed Local Cost)



P. Disbursement Request Form - MT Guarantee (Lease Delivery Foreign Currency - Floating US Cost)



Q. Disbursement Request Form - MT Guarantee (Lease Delivery Foreign Currency - Floating Local Cost)

Ex-Im Online Assisting Export Financing					Last logged on at 3:26 PM EST on Jan 31
DEV Edition					
				W	Ex-Im Online Home
		OMB No. 2	OOOX, Expires//-	<u></u>	
Lease Delivery - Submit					
To submit a Lease Delivery Request, please identify a contact, prov certifications, enter Lease Supplement information and click the "Si press "Save" so information can be retrieved at a later point. The "I	ubmit Request" button. If you choose n	ot to subm			
Fields marked with * are required.					
Transaction Information:					
Fransaction Number: Agreement / Transaction / Program Type:	08522315XX0001 MTG / Lease / Local Cost				
Operative Date:	10/21/2012				
Final Lease Delivery 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: * Email:	202-555-1212 mary.smith@email.com				
Email.	inary.siniar@email.com				
Lease Delivery Information * Total amount of this request:	EUR / USD				
* Amount of Exposure Fee related to this request:	USD 7 USD 1				
* Exposure Fee Rate related to this request:	3.37%				
* Date of Lease Delivery related to this request:	(mm/dd/yyyy)				
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)				
Certifications:					
* Is payment of the Commitment Fee current?		C Yes	C No		
* Have all Conditions Precedent and Special Conditions to Lease [C Yes	C No		
* Have all Lease Delivery Documents been received and are they a Master Guarantee Agreement?	II in compliance with the Medium-term	C Yes	C No		
* Has the Lease Supplement Financed Amount been calculated in	accordance with the applicable	C Yes	C No		
Medium-term Master Guarantee Agreement? * Were Local Cost Goods shipped and/or Services provided on or a	ofter the Initial Fligibility Date approved	C Yes	C No		
by Ex-Im Bank?		- 163	- 140		
* Have all Local Cost Providers been approved in writing by Ex-Im I		C Yes	C No		
* Have all Local Cost Goods and Services been approved in writing	by Ex-Im Bank?	C Yes	○ No		
Please provide any additional comments you want to include with this		<u> </u>			
request:					
		+			
Attachments: To attach a document with the Lease Delivery request, please selec	t a local file using the "Browne" button	and click '	'Attach"		
	,	and click	Attacii .		
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the Invoice (or Lease Supplement) information for each Exporter or Supplement" button to associate the Invoice(s) or Lease Supplement	Local Cost Provider below and use the "	Add Invoi	ce/Lease		
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Exporter/Local Cost Provider:	Select One	V			
NAICS Code:					
Product Description:		A			
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Gross/total invoice amount paid:	USD / EUR				
Financed Amount (excluding Exposure Fee):	USD / EUR				
Number of invoices or lease supplements:	Add Invoice/L	ease Sunr	lement	1	
	, las illivolocit				
No Invoice or Lease Supplement added.					
	Back Save	Sub	mit Request		
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