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

## **Table of Contents**

l.	Gummary	3
II.	Disbursement Request Forms - Workflow	6
A	Workflow processes	6
В.	Data displayed with each disbursement request form	9
C.	Accessing a Transaction	. 10
III.	Disbursement Request Forms - Sample Forms	.11
A	Disbursement Request Form – MT Guarantee (US Cost)	.11
В.	Disbursement Request Form – MT Guarantee (Local Cost)	.12
C.	Disbursement Request Form – MT Guarantee (IDC)	.13
D	Disbursement Request Form – MT Guarantee (Foreign Currency – Fixed US Cost)	.14
Ε.	Disbursement Request Form – MT Guarantee (Foreign Currency – Fixed Local Cost)	.15
F.	Disbursement Request Form – MT Guarantee (Foreign Currency – Fixed IDC)	.16
G	Disbursement Request Form – MT Guarantee (Foreign Currency – Floating US Cost)	.17
Н	Disbursement Request Form - MT Guarantee (Foreign Currency - Floating Local Cost)	.18
I.	Disbursement Request Form - MT Guarantee (Foreign Currency - Floating IDC)	.19
J.	Disbursement Request Form - MT Guarantee (Delegated Authority US Cost)	.20
K.	Disbursement Request Form – MT Guarantee (Delegated Authority Local Cost)	.21
L.	Disbursement Request Form - MT Guarantee (Lease Delivery US Cost)	.22
Μ	Disbursement Request Form - MT Guarantee (Lease Delivery Local Cost)	.23
N	Disbursement Request Form – MT Guarantee (Lease Delivery Foreign Currency – Fixed US Cost 24	<b>()</b>
0	Disbursement Request Form – MT Guarantee (Lease Delivery Foreign Currency – Fixed Local	
C	st)	. 25
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Q C	Disbursement Request Form – MT Guarantee (Lease Delivery Foreign Currency – Floating Loca	1 27

#### 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:

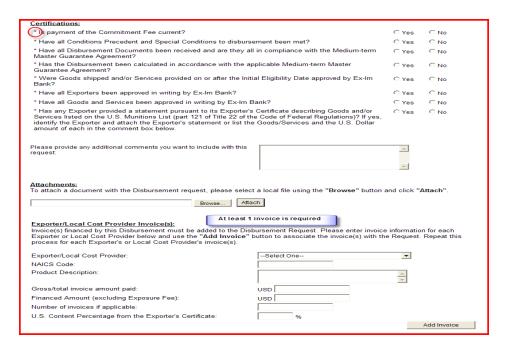
- \* Contact Person:
- \* Telephone Number:
- \* Email:

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).

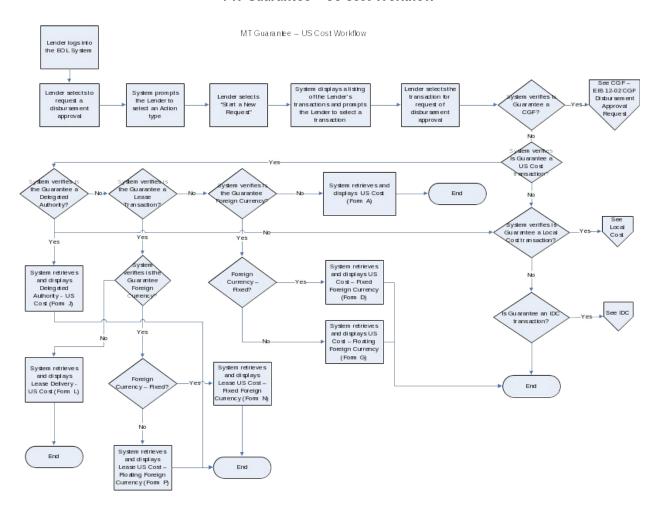
5 | Page

#### II. Disbursement Request Forms - Workflow

#### A. Workflow processes

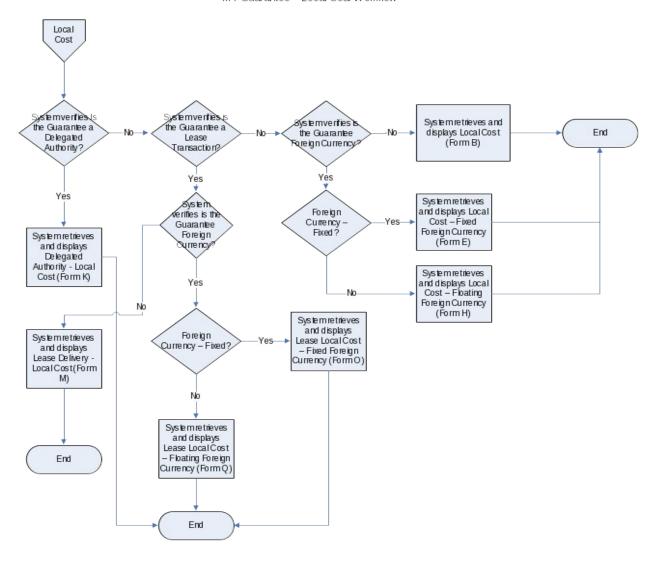
The workflow diagrams illustrate the System processes that occur when identifying which disbursement request form to display to the lender. Section III. provides sample screenshots which correspond to an "end state" outlined through the workflow as well as a column in the data matrix outlining the specific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

#### MT Guarantee - US Cost Workflow



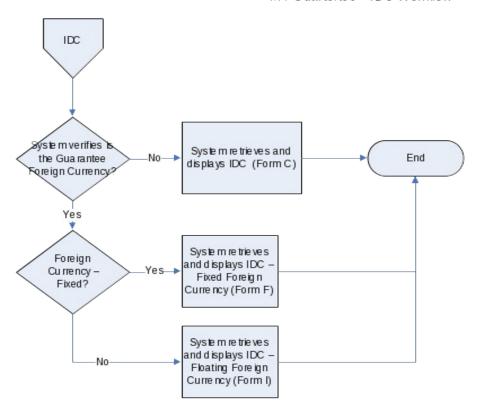
#### MT Guarantee - Local Cost Workflow

MT Guarantee - Local Cost Workflow



## MT Guarantee - IDC Workflow

MT Guarantee - IDC Workflow



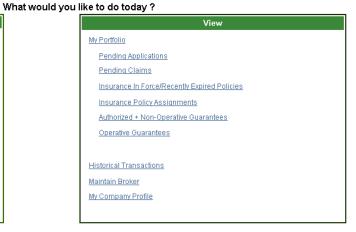
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Have all Goods and Services been approved in writing by Ex-Im Bank?  All Away all Local Cost Goods and Services been approved in writing by Ex-Im Bank?  Bank?  Bank?  All Away all Local Cost Goods and Services been approved in writing by Ex-Im Bank?  All Away all Local Cost Goods and Services been approved in writing by Ex-Im Bank?  All Away 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?  Additional Comments Box  ATTACHMENTS  Attachments Link  EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]  EXPORTER/LOCAL Cost Provider  ANAICS Code  Exporter/Local Cost Provider  ANAICS Code  Froduct Description  Gross/total invoice amount paid (USD)  Gross/total invoice amount paid (USD)  Gross/total invoice amount paid (FC (i.e. EUR))  Number of invoices  Number of invoices or lease supplements	Have all Exporters been approved in writing by Ex-Im Bank?	Х	l	1	Х	H		Х		7	X	Х	П	Х		Χ		
Have all Goods and Services been approved in writing by Ex-Im Bank?  All Away all Local Cost Goods and Services been approved in writing by Ex-Im Bank?  Bank?  Bank?  All Away all Local Cost Goods and Services been approved in writing by Ex-Im Bank?  All Away all Local Cost Goods and Services been approved in writing by Ex-Im Bank?  All Away 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?  Additional Comments Box  ATTACHMENTS  Attachments Link  EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]  EXPORTER/LOCAL Cost Provider  ANAICS Code  Exporter/Local Cost Provider  ANAICS Code  Froduct Description  Gross/total invoice amount paid (USD)  Gross/total invoice amount paid (USD)  Gross/total invoice amount paid (FC (i.e. EUR))  Number of invoices  Number of invoices or lease supplements	Have all Local Cost Providers been approved in writing by Ex-Im Bank?		Х	1		Х			Х	1	Х	t	Х		Х		Х	
Have all Local Cost Goods and Services been approved in writing by Ex-Im Bank?    X		X	1	1	Х			Х			χ	Х	H	Х		Х		
Bank?  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?  X		╫	t	+		H			$\dashv$	$\dashv$	+	╁	Н	Н	Н			
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?  Additional Comments Box ATTACHMENTS Attachments Link  EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]  Exporter/Local Cost Provider  Exporter/	1		x			x			χl		Ιx		×		x		x	
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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?  Additional Comments Box  ATTACHMENTS  Attachments Link  EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]  Exporter/Local Cost Provider  NAICS Code  Exporter/Local Cost Provider  NAICS Code  Product Description  Gross/total invoice amount paid (USD)  Gross/total invoice amount paid (FC (i.e. EUR))  Financed Amount (excluding Exposure Fee) (USD)  Number of invoices  Number of invoices or lease supplements																		
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?  Additional Comments Box  ATTACHMENTS  Attachments Link  EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]  Exporter/Local Cost Provider  Exporter/Local Cost Provider  NAICS Code  Product Description  Gross/total invoice amount paid (USD)  Gross/total invoice amount paid (FC (i.e. EUR))  Financed Amount (excluding Exposure Fee) (USD)  Financed Amount (excluding Exposure Fee) (FC (i.e. EUR))  Number of invoices on lease supplements  Additional Comments box  X X X X X X X X X X X X X X X X X X X																		
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below?  Additional Comments Box  ATTACHMENTS  Attachments Link  EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]  EXPORTER/LOCAL COST PROVIDER  ATTACHMENTS  AND A REPORTER INVOICE IN	1																	
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Attachments Link  EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]  I V V V V V V V V V V V V V V V V V V		Х	Х	Х	Х	Х	Х	Х	Х	X Z	×Χ	Х	Х	Х	Х	Х	Х	
EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]    V																		
Exporter/Local Cost Provider  X X X X X X X X X X X X X X X X X X X	Attachments Link	Х	Х	Х	Х	Х	Х	Х	Х	X X	ΚX	Х	Х	Х	Х	Х	Х	
X	EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]																	
Exporter/Local Cost Provider       X <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Pre-populated based on</td></td<>																		Pre-populated based on
Exporter/Local Cost Provider       X <td< td=""><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>approved list of exporter/local</td></td<>				1														approved list of exporter/local
NAICS Code       X	Exporter/Local Cost Provider	Ιx	Х	1	Х	х		х	х	b	κ[x	Х	х	Х	Х	Х	Х	
Product Description         X	-																	
Gross/total invoice amount paid (USD)       X																		<del>                                     </del>
Gross/total invoice amount paid (FC (i.e. EUR))       I       X       <					Ĥ									Ĥ	Ĥ			
Financed Amount (excluding Exposure Fee) (USD)       X <t< td=""><td></td><td><del>    ^</del></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><del>                                     </del></td></t<>		<del>    ^</del>	^	+	v	V	-	^	~	Ŧ	+^	+^	Ĥ	v	v		Ļ	<del>                                     </del>
Financed Amount (excluding Exposure Fee) (FC (i.e. EUR))		H ~	v	+-	^	^	-	v	V	٠,	/ /	\ \	v	_	_	_	v	<del>                                     </del>
Number of invoices         X		₩	^	+	v	I.	_	۸	^	+	<del>` ^</del>	+^	_	V	v		^	<del>                                     </del>
Number of invoices or lease supplements XXXXXXXXXX		H.,	v	+			_	V	Ţ	4	, ,	╄	L	^	٨			
		ЦX	Х	1	Х	Х	_	Х	٨	1	Υ		Ļ	Щ	Ļ	Ļ	Ļ	
U.S. Content Percentage from the Exporter's Certificate		H-	<u> </u>	1	ļ.,	Ш	_	,.	_	_	_		Х		Х		Х	
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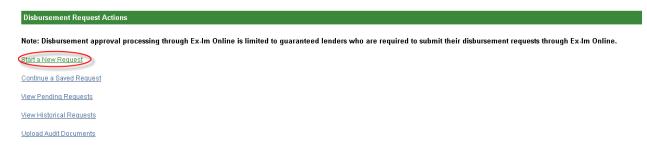
#### C. Accessing a Transaction

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

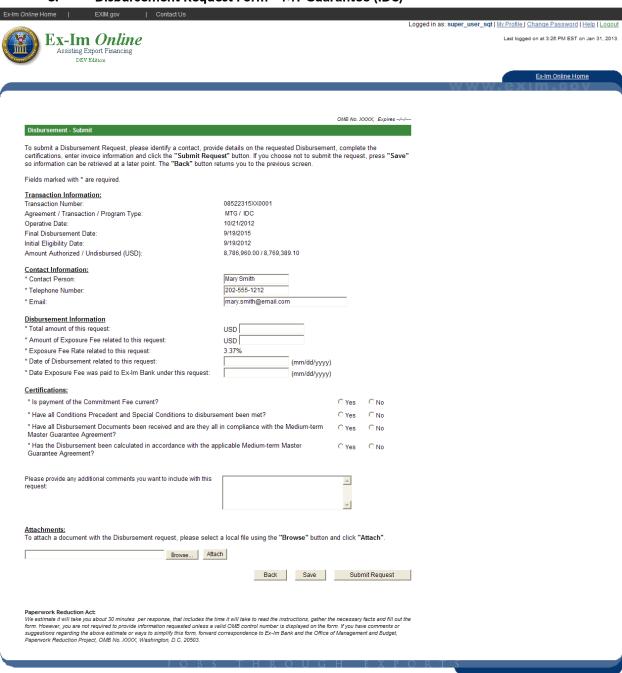
A. Disbursement Request Form - MT Guarantee (US Cost)

Online Home   EXIM.gov   Contact Us				Logged in as: su	iper user so	nt I My Profile I C	nange Password   Help
Ex-Im Online				Logged III do. 3d	per_user_se		on at 3:28 PM EST on Jar
Assisting Export Financing DEV Edition							
DEV Editor							Ex-Im Online Home
				V	N W V	у ехі	M.GOV
		OMB No. 3	OOOK, 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 information and enter invoice invoice information and enter invoice information and enter invoice information and enter invoice invoice information and enter invoice	est" button. If you choose not to submit	it, comple the reque	te 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						
Diskti-	-						
<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 disburse		C Yes	C No				
* Have all Disbursement Documents been received and are they all Master Guarantee Agreement?	in compliance with the Medium-term	C Yes	C No				
* 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 Initia	I Filelikith Determined by Freder						
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 20 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		A					
request							
		7					
August 1997							
Attachments: To attach a document with the Disbursement request, please select	a local file using the "Browse" button a	ınd 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" to process for each Exporter's or Local Cost Provider's invoice(s).							
Exporter/Local Cost Provider:	Select One	<b>V</b>					
NAICS Code: Product Description:							
r roduct peacription.		*					
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				
Paperwork Reduction Act:							
Paperwork Reduction Act: We estimate It will take you about 30 minutes per response, that includes the It form. However, ou are not required to provide information requested unless a va				he			
Paperwork Reduction Act: We estimate it will take you about 30 minutes per response, that includes the III from However, you are not required to provide information requested unless a vi suppestions reparding the above estimate or ways to simplify this form, forward Paperwork Reduction Project, OMB No. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	alid OMB control number is displayed on the for	m. If you ha	ve comments or	he			

## 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.	<b>,</b>					
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)



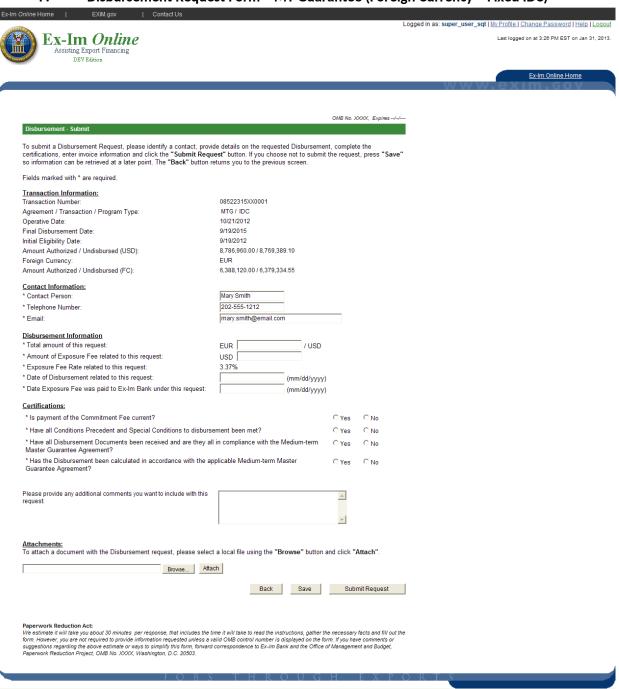
## D. Disbursement Request Form - MT Guarantee (Foreign Currency - Fixed US Cost)

Ex-Im Online					Last logged on at 3:2	8 PM EST on Jan
Assisting Export Financing DEV Edition						
				w	Ex-lm (	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	est" button. If you choose not to submi	nt, comple t the reque	te the st, press "Save"			
so information can be retrieved at a later point. The "Back" button r Fields marked with * are required.	turns you to the previous screen.					
Transaction Information: Transaction Number:	08522315XX0001					
Agreement / Transaction / Program Type:	MTG / US Cost Guarantee					
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					
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	C 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	I Elizibility Data array of by Evilor					
Bank?	al Eligibility Date approved by Ex-Im	C 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?	O 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:		_				
		-1				
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): 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	<b>~</b>				
NAICS Code:						
Product Description:		_				
		w				
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.						
	Back	Sut	mit Request			
Paperwork Reduction Act:						
	ne it will take to read the instructions, gather t	he necessar	facts and fill out th	e		
We 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			ve comments or			

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

Ex-Im Online				Logged III as. super_c		Change Password   Help   Led on at 3:26 PM EST on Jan 31
Assisting Export Financing DEV Edition						
				W۱	ww.ex	Ex-Im Online Home
Disbursement - Submit		OMB No.	XXXX, Expires//-			
To submit a Disbursement Request, please identify a contact, prov certifications, enter invoice information and click the "Submit Requ so information can be retrieved at a later point. The "Back" button .	jest" button. If you choose not to subm	ent, comple it the reque	te the st, press "Save			
Fields marked with * are required.	eturns you to the previous screen.					
Fransaction Information:						
Fransaction Number:	08522315XX0001 MTG / Local Cost					
Agreement / Transaction / Program Type: Operative Date:	10/21/2012					
Final Disbursement Date:	9/19/2015					
nitial Eligibility Date:	9/19/2012					
Amount Authorized / Undisbursed (USD):	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/yyy	/)				
Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyy	()				
Certifications:						
* Is payment of the Commitment Fee current?		C Yes	C No			
* Have all Conditions Precedent and Special Conditions to disburs	ement heen met?	C Yes	C No			
* Have all Disbursement Documents been received and are they a		C Yes	C No			
Master Guarantee Agreement?	in compliance with the Mediani-term	O Yes	○ No			
* Has the Disbursement been calculated in accordance with the a	pplicable Medium-term Master	C Yes	C No			
Guarantee Agreement?						
* Were Local Cost Goods and Services provided on or after the Ini Bank?	tial Eligibility Date approved by Ex-Im	C Yes	C No			
* Have all Local Cost Providers been approved in writing by Ex-Im	Bank?	○ Yes	○ No			
* Have all Local Cost Goods and Services been approved in writing		C Yes	○ No			
Plance provide any additional comments you want to include with this						
Please provide any additional comments you want to include with this request:		A				
		~				
Markanan						
<u>Attachments:</u> o attach a document with the Disbursement request, please selec	t a local file using the "Browse" buttor	and click	Attach".			
Browse Atta	ich					
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:		*				
		~				
Gross/total invoice amount paid:	EUR /USD					
Financed Amount (excluding Exposure Fee):	EUR /USD					
Number of invoices:						
			Add Invoice			
No leveles added						
No Invoice added.				_		
	Back Save	Sut	mit Request			
Paperwork Reduction Act:						
We estimate it will take you about 30 minutes per response, that includes the				ne		
	rated CMAP control number in displayed on the	torm Hugush	ve comments or			
orm. However, you are not required to provide information requested unless a usuggestions regarding the above estimate or ways to simplify this form, forward approver Reduction Project, OMB No. XXXX, Washington, D.C. 20503.	I correspondence to Ex-Im Bank and the Office	of Managen	ent and Budget,			

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



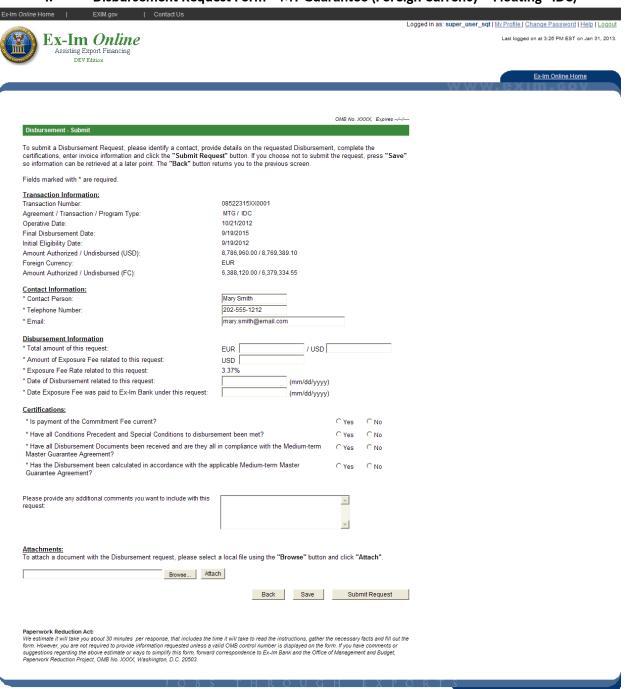
## G. Disbursement Request Form - MT Guarantee (Foreign Currency - Floating US Cost)

Ex-Im Online Assisting Export Financing						ged on at 3:26 PM EST on Jan 3
DEV Edition						
				w	vw.ex	Ex-Im Online Home
		OMB No.	OOOX, Expires//-	***		
Disbursement - Submit						
o submit a Disbursement Request, please identify a contact, provio ertifications, enter invoice information and click the "Submit Requ	e details on the requested Disbursemen	t, comple	te the			
ertifications, enter invoice information and click the "Submit Requ o information can be retrieved at a later point. The "Back" button re	turns you to the previous screen.	tne reque	st, press Save			
ields marked with * are required.						
ransaction Information:						
ransaction Number: Agreement / Transaction / Program Type:	08522315XX0001 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					
oreign 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:  Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy) (mm/dd/yyyy)					
	(minutaryyyy)					
Certifications: * Is payment of the Commitment Fee current?		C Yes	C No			
* Have all Conditions Precedent and Special Conditions to disburse	ment heen met?	C Yes	C No			
* Have all Disbursement Documents been received and are they all		C Yes	C No			
Master Guarantee Agreement?						
* Has the Disbursement been calculated in accordance with the ap Guarantee Agreement?	plicable Medium-term Master	C Yes	C No			
* Were Goods shipped and/or Services provided on or after the Initia	al Eligibility Date approved by Ex-Im	C 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 B	ank?	C Yes	C No			
* Has any Exporter provided a statement pursuant to its Exporter's	Certificate describing Goods and/or	C Yes	C No			
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, Goods/Services and the U.S. Dollar					
Please provide any additional comments you want to include with this equest:						
		=1				
		V				
Attachments:						
o attach a document with the Disbursement request, please select	a local file using the "Browse" button a	ind click "	Attach".			
Browse Attac	h					
xporter/Local Cost Provider Invoice(s):						
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:		A				
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.						
	Back Save	Suh	mit Request	1		
				-		
Paperwork Reduction Act:						

## 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:		<u>A</u>			
		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	C 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 ap	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						
DE∀ Edition						
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		OMP No. 1	OXX, Expires//-	<i>t</i>		
Disbursement - Submit		OMB No. 2	XXX, 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 submit			y".		
Fields marked with * are required.						
Transaction Information:						
Transaction Number:	08522315XX0001					
Agreement / Transaction / Program Type: Operative Date:	MTG / Delegated Authority / Local Cost 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:	USD					
* Amount of Exposure Fee related to this request:  * Exposure Fee Rate related to this request:	USD   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?		○ Yes	C No			
* Have all Conditions Precedent and Special Conditions to disburs		C Yes	C No			
* Have all Disbursement Documents been received and are they al Master Guarantee Agreement?	in compliance with the Medium-term	C Yes	C No			
* Has the Disbursement been calculated in accordance with the a Guarantee Agreement?	oplicable Medium-term Master	○ Yes	C No			
* Were Local Cost Goods and Services provided on or after the Init Bank?	ial Eligibility Date approved by Ex-Im	C Yes	C No			
* Have all Local Cost Providers been approved in writing by Ex-Im		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 request:		A				
		7				
Attachments:						
To attach a document with the Disbursement request, please selec	t 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 Dis Exporter or Local Cost Provider below and use the "Add Invoice's process for each Exporter's or Local Cost Provider's invoice(s).						
	Select One					
Exporter/Local Cost Provider: NAICS Code:	Select Offe	▼				
Product Description:		_				
		<u>*</u>				
Gross/total invoice amount paid:	USD					
Financed Amount (excluding Exposure Fee):  Number of invoices:	USD					
Transport of inforces.			Add Invoice	1		
				_		
No Invoice added.						
	Back Save	Sub	mit Request			
Paperwork Reduction Act:						

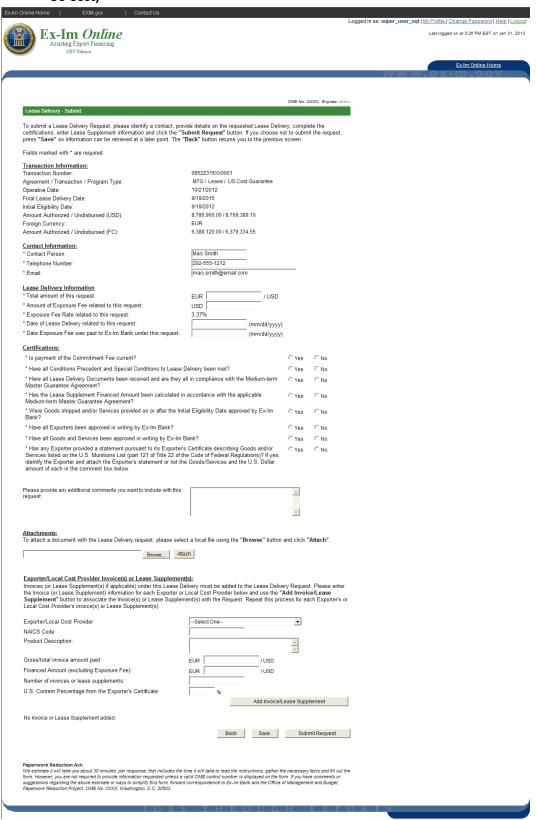
## L. Disbursement Request Form - MT Guarantee (Lease Delivery US Cost)

Assisting Export Financing DEV Edition					
					Ex-Im Online Home
				WW	w.exim.gov
Lease Delivery - Submit		OMB No.	OOOX, Expires//-	·	
o submit a Lease Delivery Request, please identify a contact,	nrovide details on the requested Lease De	ivery comp	ete the	•	
ertifications, enter Lease Supplement information and click the eress "Save" so information can be retrieved at a later point. T	"Submit Request" button. If you choose	not to subn	it the request,		
rields marked with * are required.	, , , , , , , , , , , , , , , , , , , ,				
Transaction Information:					
ransaction 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:	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				
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%				
Date Exposure Fee was paid to Ex-Im Bank under this request.	t: (mm/dd/yyy				
	(пписа ууу	"			
Certifications: * Is payment of the Commitment Fee current?		C Yes	C No		
* Have all Conditions Precedent and Special Conditions to Lea	sa Daliyany baan mat?	C Yes	C No		
* Have all Lease Delivery Documents been received and are th	•	C Yes	C No		
Master Guarantee Agreement?		- 163			
* Has the Lease Supplement Financed Amount been calculate Medium-term Master Guarantee Agreement?	d in accordance with the applicable	C Yes	C No		
* Were Goods shipped and/or Services provided on or after the	Initial Eligibility Date approved by Ex-Im	C Yes	○ No		
Bank?  * Have all Exporters been approved in writing by Ex-Im Bank?		C.v.	C++		
* Have all Goods and Services been approved in writing by Ex-	lm Bank?	○ Yes ○ Yes	C No		
* Has any Exporter provided a statement pursuant to its Expor		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 lis amount of each in the comment box below.	of the Code of Federal Regulations)? If yes t the Goods/Services and the U.S. Dollar	,			
Please provide any additional comments you want to include with the	nis	_			
equest					
		-			
Attachments: o attach a document with the Lease Delivery request, please s	select a local file using the "Browse" butto	n and click	"Attach"		
		II and click	Attacii .		
Browse	Attach				
Exporter/Local Cost Provider Invoice(s) or Lease Supplen nvoices (or Lease Supplement(s) if applicable) under this Leas		uon, Doguo	et Planca antar		
he Invoice (or Lease Supplement) information for each Exporte	r or Local Cost Provider below and use the	"Add Invoi	ce/Lease		
Supplement" button to associate the Invoice(s) or Lease Supplement(s).	plement(s) with the Request. Repeat this p	locess for e	acri Exporters o	1	
Exporter/Local Cost Provider:	Select One	-			
VAICS Code:	Select Offe				
Product Description:		A			
		~			
Gross/total invoice amount paid:	USD				
Financed Amount (excluding Exposure Fee):	USD				
Number of invoices or lease supplements:					
J.S. Content Percentage from the Exporter's Certificate:	% Add Invoice	/Lease Sup	lement	1	
	Audinvoice	/Lease Oup	nement	1	
No Invoice or Lease Supplement added.					
	Back Save	Sub	mit Request		
				_	

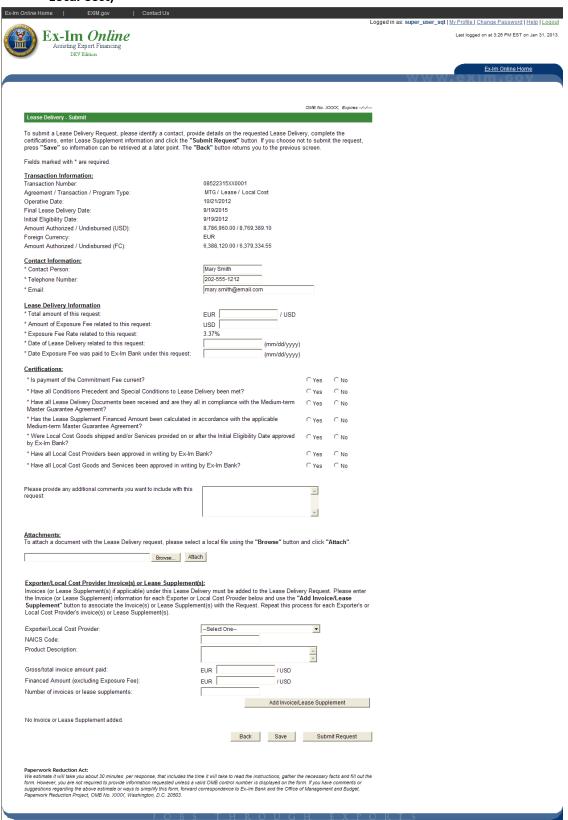
## M. Disbursement Request Form - MT Guarantee (Lease Delivery Local Cost)

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To submit a Lase Delaway (Roperty places doubly a collect, provide double on the requested Lases Delaway, consider the provide South of Lases Delaway (South Committee on the collection of the							
To author I case Delivery Request places dendly a contain provide deals on the requested Lane Delivery, concrised the press "Ser" is information can be entered at a later point. The "Back" button returns you to the previous screen.    Commendation Information   Commendation			OMB No. >	OOOX, Expires//			
conficiency, enter Lasse Supplement information and click the "Submit Request" button return you to the previous screen.  Fields marked with "as required.  Transaction floranders Transaction Number Agreement Transaction Program Type:  Iffor Lasse Delany Date Transaction Information Tradit classe Delany Information Tradit amount of the request to this request USO Tradit amount of the request to this request USO Tradit amount of the request to this request USO Tradit amount of the register to the request Tradit amount of the register to this request USO Tradit amount of the register to the request Tradit amount of the register to the request Tradit amount of the register to this request USO Tradit amount of the register to the request Trade and Confidence Provides to the request Trade and Lasse Delany Descriptions the recorded and see by all or confidence to the request Trade and Lasse Delangment Transaction and the request to the register to the register to the request to the req	Lease Delivery - Submit						
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Page   Continue   Co		ack button returns you to the previous	, acreen.				
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Operative Date:  10012012 Final Lease Delivery Date: 10012019() Date: 1012015 101301E(polity Information: 1		08522315XX0001					
Final Lease Delivery Date  Intelligent Seption (USD)  R 789,599.00 18 789,399.10  R 789,599.00 18 789,599.10  R 789,599.00 18 789,599.10  R 789,599.00 18 789,599.10  R 78							
Annual Authorized Fundationared (USD)  Each Enthromatics  Forest Premain  Telephone Number:  Place 565-5723  Image:  Telephone Number:  Place 565-5723  Image:  Total amount of this request:  USD  See Manual Enthromatics  Total amount of this request:  USD  See Annual of Exposure Fee related to this request:  USD  See of Lease Delivery information  Total amount of this request:  USD  See of Lease Delivery information  Total amount of this request:  USD  See of Lease Delivery information  Total amount of this request:  USD  See of Lease Delivery information  Total amount of this request:  Supported the Commitment Fee current?  The delivery information of the request:  See of Lease Delivery information of the request:  (mm/ddyyyy)  Certifications:  The purposed of the Commitment Fee current?  Ves No  The See of Lease Supported of the Commitment Fee current?  Ves No  The See of Lease Supported of the Commitment Fee current?  Ves No  Malest Counted Agreement?  New Local Cost Codes shaped and/or Senices provided on or after the Initial Eligibity Date approved Ves No  Wee Local Cost Codes shaped and/or Senices provided on or after the Initial Eligibity Date approved  Ves No  Delivery Exhibits and Counted Agreement?  Altach  These all Lecal Cost Providers Remoiscal or Lease Supplement(s)  Impose provide any additional comments you want to include with bits senices been approved in writing by Exhibits Bank?  Exporter/Local Cost Provider Invoiscal or Lease Supplement(s)  Impose provide any additional comments you want to include with bits senices been approved in writing by Exhibits Bank?  Exporter/Local Cost Provider Invoiscal or Lease Supplement(s)  Impose provide any additional comments you want to include with bits senior and the Section Sect							
Amount Authorities (I Undisbursed (USD)  2.789.800 00 18.793.939.10  Contact Information:  1. Ordinated Persons:  1. Elegabore Number:  1. Elegabore Fee related to this request:  1. USD  1. Ordinated Sepabore Fee related to this request:  1. USD  1. Ordinated Sepabore Fee related to this request:  1. USD  1. Ordinated Sepabore Fee related to this request:  1. USD  1. Ordinated Sepabore Fee related to this request:  1. USD  1. Ordinated Sepabore Sep							
**Contact Person:   Many Smith   Telesphore Number:   2025-55-1212   many smith@ermail.com   1-12   many smith@ermail.com		8,786,960.00 / 8,769,389.10					
**Contact Reson:   Mary shifts	Contact Information:						
Ease Delivery Information  Total amount of Exposure Fee related to this request:  Should a Cappear Fee related to this request:  Should a Cappear Fee related to this request:  Should be a compared to the sequest:  Certifications:  In payment of the Commitment Fee current?  In payment of the Commitment Fee current		Mary Smith					
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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 or ways a to simplify and to this, lower or correspondence to Ex-lin Bank and the Chicke of management and budget, Pagestrops Reduction Project, CMB No. XXXX or XXX simplify and to the Correspondence to Ex-lin Bank and the Chicke of management and budget, Pagestrops Reduction Project, CMB No. XXX or XXX simplify and the Chicke of the	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,			

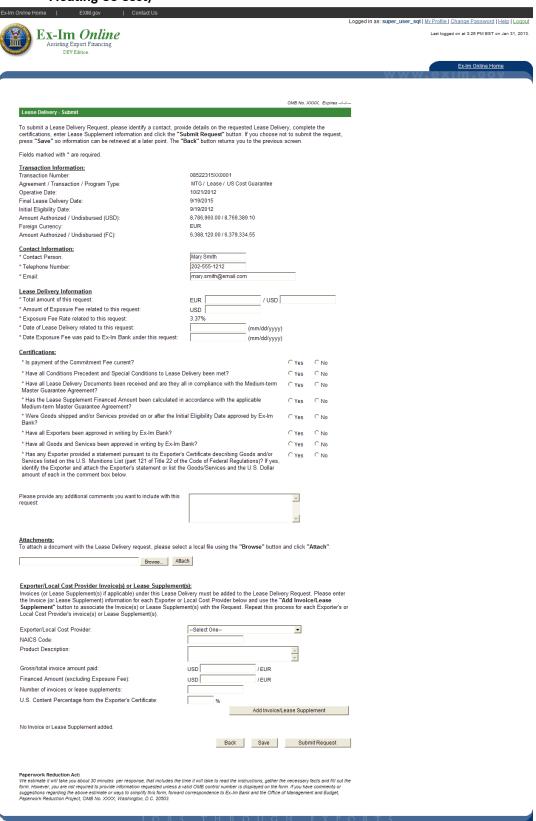
## N. Disbursement Request Form - MT Guarantee (Lease Delivery Foreign Currency - Fixed US Cost)



## 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					
				W١	Ex-Im Online Home
		OMB No. 3	OOXX, Expires//		
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	ibmit Request" button. If you choose n	ot to subm			
Fields marked with * are required.	, , , , , , , , , , , , , , , , , , , ,				
Fransaction Information:					
Fransaction Number: Agreement / Transaction / Program Type:	08522315XX0001 MTG / Lease / Local Cost				
Agreement / Transaction / Program Type: Operative Date:	10/21/2012				
Final Lease Delivery Date:	9/19/2015				
nitial Eligibility Date:	9/19/2012 8,786,960.00 / 8,769,389.10				
Amount Authorized / Undisbursed (USD): 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				
	may.small@email.com				
<u>_ease Delivery Information</u> '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 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?		○ Yes	C No		
* Have all Conditions Precedent and Special Conditions to Lease E		○ Yes	C No		
* Have all Lease Delivery Documents been received and are they a Master Guarantee Agreement?	i in compliance with the Medium-term	C Yes	C No		
* Has the Lease Supplement Financed Amount been calculated in Medium-term Master Guarantee Agreement?	accordance with the applicable	O Yes	C No		
* Were Local Cost Goods shipped and/or Services provided on or a	fter the Initial Eligibility Date approved	O Yes	C No		
by Ex-Im Bank?					
* Have all Local Cost Providers been approved in writing by Ex-Im E		○ 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		_			
request:					
		-			
Attachments: To attach a document with the Lease Delivery request, please selec	t a local file using the "Browse" button	and eliek	'Attach"		
	-1	and click	Attach .		
Browse Atta	ch				
Exporter/Local Cost Provider Invoice(s) or Lease Supplement Invoices (or Lease Supplement(s) if applicable) under this Lease De		rv Reques	t. Please enter		
the Invoice (or Lease Supplement) information for each Exporter or Supplement" button to associate the Invoice(s) or Lease Supplem	ocal Cost Provider below and use the "	Add Invoi	ce/Lease	,	
Local Cost Provider's invoice(s) or Lease Supplement(s).	sin(s) with the request. Repeat this pro	0000 101 01	ion Exponer 5 o		
Exporter/Local Cost Provider:	Select One	-			
NAICS Code:					
Product Description:		A			
		7			
Gross/total invoice amount paid: Financed Amount (excluding Exposure Fee):	USD / EUR				
Financed Amount (excluding Exposure Fee): Number of invoices or lease supplements:	USD /EUR				
Number of invoices of lease supplements.	Add Invoice/L	ease Supr	lement	1	
No Invoice or Lease Supplement added.					
	Back Save	Sub	mit Request		
Paperwork Reduction Act: "Ve estimate It will take you about 30 minutes per response, that includes the ti mm. However, you are not required to provide information requested unless a v				he	