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)
- 2. 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:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / US Cost Guarantee
Operative Date:	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

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:	Mary Smith
* Telephone Number:	202-565-2200
* Email:	mary.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.

8 10 J		
Certifications:		C
payment of the Commitment Fee current?	C Yes	C No
*Have all Conditions Precedent and Special Conditions to disbursement been met?	C Yes	C No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	C Yes	C No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	C Yes	C No
* Were Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	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 Bank?	C Yes	C No
* Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitione List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and attach the Exporter's statement or list the Goods/Services and the U.S. Dollar amount of each in the comment box below.	C Yes	C No
Please provide any additional comments you want to include with this request.	×	
To attach a document with the Disbursement request, please select a local file using the "Browse" button a Browse. Attach Exporter/Local Cost Provider Invoice(s): Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice Exporter or Local Cost Provider below and use the "Add Invoice" button to associate the invoice(s) with the process for each Exporter's or Local Cost Provider's invoice(s).	e informatio	n for each
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 if applicable:		
U.S. Content Percentage from the Exporter's Certificate: %		
· · · · · · · · · · · · · · · · · · ·		Add Invoice

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

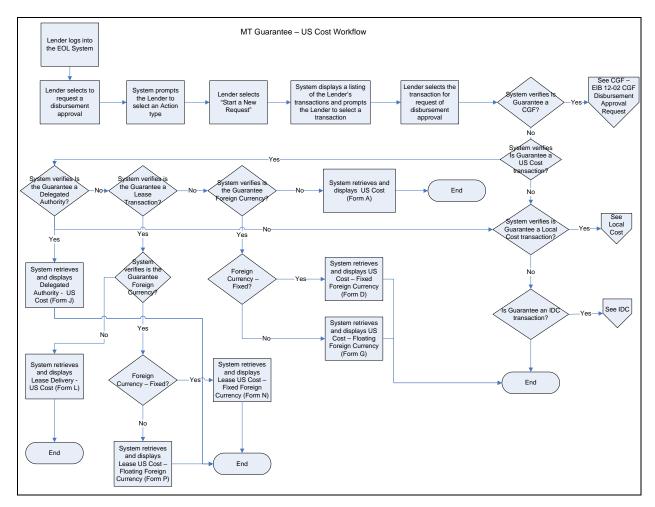
- MT Medium-Term
- MTG Medium Term Guarantee
- IDC Interest During Construction
- FC Foreign Currency
- USD U.S. Dollar
- EOL Ex-Im Online

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).

II. Disbursement Request Forms - Workflow

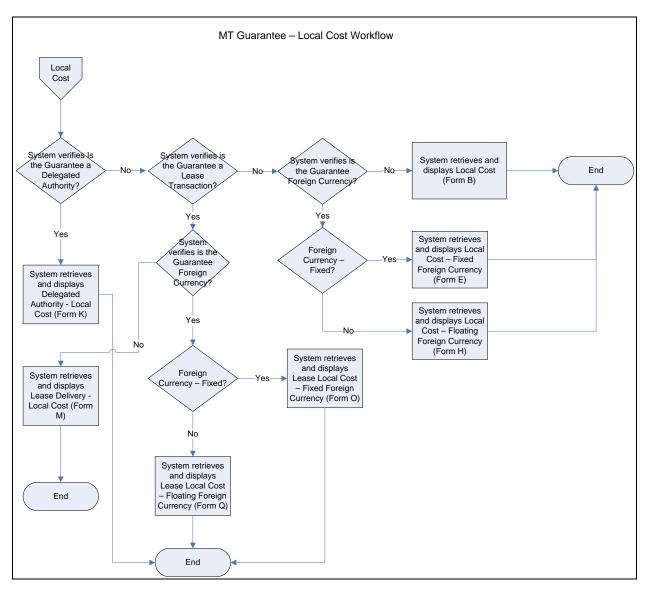
A. Workflow processes

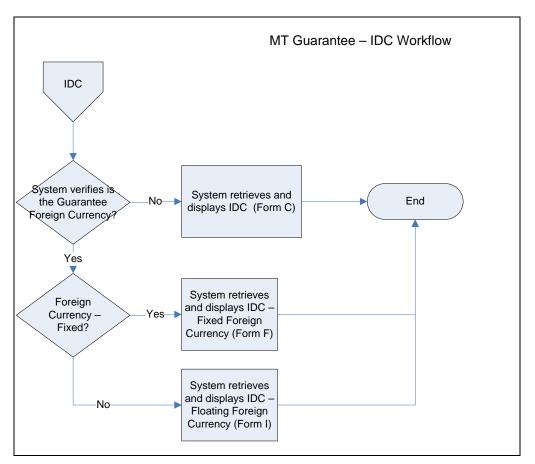
The workflow diagrams illustrate the System processes that occur when identifying which disbursement request form to display to the lender. Section III provides sample screenshots which correspond to an "end state" outlined through the workflow as well as a column in the data matrix outlining the specific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



MT Guarantee – US Cost Workflow

MT Guarantee - Local Cost Workflow





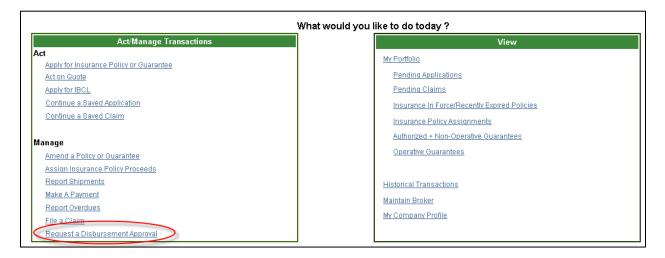
MT Guarantee - IDC Workflow

B. Data displayed with each displ							44										·
Data Flamant					Je	Tr	1	-	orm		2						Comment
	H'	AE	3 10	- 10		F	. 0	н	1	J	ΚL	. 11/1	IN	0	Р	Q	
TRANSACTION INFORMATION	Η,	x >			(x	(x	x x	x	x	х	х×	x	v	v	v	v	System populated view only
Transaction Number		x x		_	_	_	_	_			_						System populated - view only
Agreements/Transaction/Program Type		XXX	_	_													System populated - view only System populated - view only
Operative Date	_	_	< X														
Final Disbursement Date		XX															System populated - view only
Initial Eligibility Date		XX															System populated - view only
Authorized Amount/Undisbursed (USD)	1	XX	<u> </u>	(X		(X	X	X	X	х	XX	X	х	Х	х	Х	System populated - view only
CONTACT INFORMATION	-	_	_	_	+	+	_	_	_		_	_					
	Π.																Default to individual entering
Contact Person	1	x y					X	X	X	х	XX	X	х	Х	X	Х	the request
																	Default to individual entering
Telephone Number		XX	< X	(X	(X	(X	(X	X	Х	Х	ХХ	X	Х	Х	Х	Х	the request
																	Default to individual entering
Email		хX	< X	(X	(X	(X	(X	X	Х	Х	ХХ	X	Х	Х	х	Х	the request
DISBURSEMENT [LEASE DELIVERY] INFORMATION																	
Total amount of this request (USD)		хX	< X							Х	ХХ	X				Х	
Total amount of this request (FC (i.e. EUR))				_				(X							Х		
Amount of Exposure Fee related to this request (USD)		хУ	< X	_			(X	ίX	Х	Х	ХХ	X	Х		Х		
Exposure Fee Rate related to this request		хУ	< X	(X	(X	(X	(X	X	Х	Х	ХХ	X	х	Х	х	Х	System populated - view only
Amount of Exposure Fee paid to ExIm Bank under this request										х					L		
Date of Disbursement related to this request		хX	< X	()	(X	(X	X	(X	Х	Х	_						
Date of Lease Delivery related to this request											Х	X	х	Х	х	Х	
Date Exposure Fee was paid to Ex-Im Bank under this request		хУ	< X	(X	(X	(X	X	X	х	х	ХХ	X	х	Х	х	Х	
CERTIFICATIONS																	
Is payment of the commitment fee current?		хX	< X	(X	(X	(X	X	X	х	Х	ΧХ	X	х	Х	х	Х	
Have all Conditions Precedent and Special Conditions to disbursement																	
been met?		хİх	< X	< X	(X	(X	: x	x	х	х	хx	x	х	х	х	х	
Have all Disbursement Documents been received and are they all in	П		Т		Т	Т	Т										
compliance with the Medium-term Master Guarantee Agreement?		хİх	< x	(x	(x	(x	x	x	x	х	х						
Have all Lease Delivery Documents been received and are they all in	П																
compliance with the Medium-term Master Guarantee Agreement?											×	x	х	х	х	х	
Has the Disbursement been calculated in accordance with the applicable	П						T										
Medium-Term Master Guarantee Agreement?		хİх	ĸ١x	٢l	dx	dx	: Ix	x	x	х	х						
Has the Lease Supplement Financed Amount been calculated in	П																
accordance with the applicable Medium-Term Master Guarantee																	
Agreement?											×	x	x	х	x	х	
Were Goods shipped and/or Services provided on or after the Initial	T						t				Ē	1					
Eligibility Date approved by Ex-Im Bank?		x		x	(X			x	×		х		х		
Were Local Cost Goods shipped and/or Services provided on or after the	H				-		1				-						
Initial Eligibility Date approved by Ex-Im Bank?			~		x			x			х	x		х		х	
Have all Exporters been approved in writing by Ex-Im Bank?		хĹ	Ì	X	_	Ť	X	_		х	Ż	_	х	Ê	х	<u> </u>	
Have all Local Cost Providers been approved in writing by Ex-Im Bank?	H)	7	ť	X	(ť	X		~	X	x	ŕ	х	-	х	
Have all Goods and Services been approved in writing by Ex-Im Bank?		хĹ	Ì	X	_	+	X	_		х	X	_	х	~	х	~	
Have all Local Cost Goods and Services been approved in writing by Ex-Im	H	^	+	ť	╘	+	f	<u> </u>		^	ť		Ê		Ê		
Bank?)	/		x	,		x			х	x		х		х	
Has any Exporter provided a statement pursuant to its Exporter's	H	ť	ì	+	+^	+	╈	+^			^	+^		Ê		Ê	
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																	
	H,			I.	,		I.	,		v			~		~		
below?	H.	<u>^</u>	<i>.</i> .	<u> </u>			<u> </u>			^	XX		÷		<u>^</u>		
Additional Comments Box	P	×	<u> </u>				X	X	×	х	XX	X	X	X	X	х	
ATTACHMENTS	H.		<i>.</i> .							~				~		~	
Attachments Link		x y					X	X	X	х	ХХ	X	х	Х	X	Х	
EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]			_		+	+	+				_						
																	Pre-populated based on
					1	1	1	1	1		1				1		approved list of exporter/local
Exporter/Local Cost Provider		XX		Х	(X			(X		Х	ХХ	X	Х	Х	Х	Х	cost providers
NAICS Code		хX		Х				X		Х	хх	X	Х	Х	Х	Х	
Product Description		хX		Х	(X	(_	(X	_		ХХ			Х			
Gross/total invoice amount paid (USD)		XX	(L	L	L	X	Χ	L	х	ХХ	X			_	Х	
Gross/total invoice amount paid (FC (i.e. EUR))				Х	(X		Ĺ	Ĺ	Ĺ				Х	Х		Ĺ	
Financed Amount (excluding Exposure Fee) (USD)		хX	(L		Х	X		х	ХХ	X			Х	Х	
Financed Amount (excluding Exposure Fee) (FC (i.e. EUR))		Γ	Γ	Х	(X	(Γ			IJ			Х	х			
Number of invoices		хX	<	Х	(X		X	X		Х	Х						
Number of invoices or lease supplements		Ι	Γ	Γ	Γ	Γ	Γ		Ľ		Х	X	Х	Х	Х	Х	
U.S. Content Percentage from the Exporter's Certificate		x	Γ	Х		Γ	X	(_	Γ	х	X		Х	Ľ	Х	Ľ	
-				_													

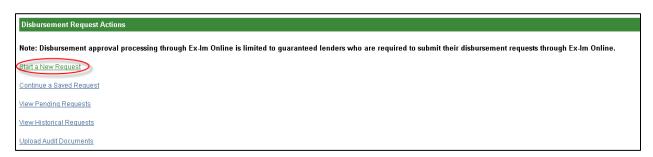
B. Data displayed with each disbursement request form

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.

All Transactions									
4 items found, displayi 1	ing all items.							ltems	: per page: <u>10 25 50 100</u>
Transaction Number	Agreement Type	Transaction Type	<u>Program Type</u> \$	<u>Operative</u> <u>Date</u> ¢	Amount Authorized (USD)	Amount Undisbursed (USD)	Foreign Currency	Amount Authorized (FC)	Amount Undisbursed (FC)
08087682XX0001	MTG	CGF	US Cost Guarantee	01/09/2013	90,884.00	90,884.00	EUR	67,072.00	67,072.00
08508446DA0001	MTG	Delegated Authority	US Cost Guarantee	06/24/2011	994,408.00	3,848.00			
08544778DA0001	MTG	Delegated Authority	US Cost Guarantee	09/14/2012	1,106,068.00	1,106,068.00			
08544964DA0001	MTG	Delegated Authority	US Cost Guarantee	09/14/2012	252,346.00	252,346.00			

III. Disbursement Request Forms – Sample Forms

Α.	Disbursement	Request Form – MT	Guarantee (US Cost)
----	--------------	--------------------------	---------------------

Ex-Im Online					Last logged on at 3:26 PM EST on Ja
Assisting Export Financing DEV Edition					
				w	Ex-Im Online Home
					WICZIIII001
		OME No. X	XXX, Expires -/-/-		
Disbursement - Submit					
To submit a Disbursement Request, please identify a contact, provi certifications, enter invoice information and click the "Submit Requ so information can be retrieved at a later point. The "Back" button r	est" button. If you choose not to submit	nt, complete the reques	e the t, press "Save"		
Fields marked with * are required.					
Transaction Information:					
Transaction Number: Agreement / Transaction / Program Type:	08522315XX0001 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				
Contact Information:					
* Contact Person:	Mary Smith				
* Telephone Number: * Email:	202-555-1212 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:	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				
Certifications: * Is payment of the Commitment Fee current?		C Yes	C No		
* Have all Conditions Precedent and Special Conditions to disburs	ement been met?	CYes	C No		
* Have all Disbursement Documents been received and are they all		C Yes	C No		
Master Guarantee Agreement?	olicable Medium term Master				
* Has the Disbursement been calculated in accordance with the ap Guarantee Agreement?		C Yes	C No		
* Were Goods shipped and/or Services provided on or after the Init 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 E	lank?	C Yes	C No		
* Has any Exporter provided a statement pursuant to its Exporter's Services listed on the U.S. Munitions List (part 121 of Title 22 of th identify the Exporter and attach the Exporter's statement or list the amount of each in the comment box below.	e Code of Federal Regulations)? If yes,	C Yes	C No		
Please provide any additional comments you want to include with this					
request		<u>^</u>			
		-			
		_			
Attachments: To attach a document with the Disbursement request, please selec	a local file using the "Browse" button	and click "/	ttach"		
Browse Atta		and cherry	inder .		
DONNE					
Exporter/Local Cost Provider Invoice(s): Invoice(s) financed by this Disbursement must be added to the Disl Exporter or Local Cost Provider below and use the "Add Invoice" process for each Exporter's or Local Cost Provider's invoice(s).					
Exporter/Local Cost Provider:	Select One	-			
NAICS Code:	Control Autor	•			
Product Description:		-			
		*			
Gross/total invoice amount paid: Financed Amount (excluding Exposure Fee):	USD				
Number of invoices:	USD				
U.S. Content Percentage from the Exporter's Certificate:	96				
· ·			Add Invoice		
No Invoice added.					
	Back Save	Subr	nit Request]	
Paperwork Reduction Act: We estimate it will take you about 30 minutes per response, that includes the from However, was an or resourced to preside information neousated unless a	me it will take to read the instructions, gather t	he necessary	facts and fill out th	,	
Paperwork Reduction Act: We estimate it will take you adout 30 minutes per response, that includes the form. However, you are not required to provide information negosated unless a u suggestions regarding the above estimate or aways to simplify this form, forward Regeneruler Reduction Project (Add Shar 2000); Washington, D. C. 20303	alid OMB control number is displayed on the fi	irm. If you hav	e comments or	,	

В.	Disbursement Request Form – MT Guarantee	Local Co	ost)
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Online Home EXIM.gov Contact Us				Logged in as: super_user_sqt <u>Mv Profile Change F</u>	assword Help II o
Ex-Im Online					8 PM EST on Jan 31, 2
Assisting Export Financing					
DEV Edition					
				Ex-Im	Online Home
					- G U Y
Disbursement - Submit		OMB No. 3	XXX, Expires/-		
To submit a Disbursement Request, please identify a contact, provid	to details on the requested Disbursemen	t complo	o tho	-	
certifications, enter invoice information and click the "Submit Requ so information can be retrieved at a later point. The "Back" button re	est" button. If you choose not to submit	the reque	t, press "Sav	e"	
	auns you to the previous screen.				
Fields marked with * are required.					
Transaction Information: Transaction Number:	08522315XX0001				
Agreement / Transaction / Program Type:	MTG / Local Cost				
Operative Date: Final Disbursement Date:	10/21/2012 9/19/2015				
Initial Eligibility Date:	9/19/2012				
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10				
Contact Information:					
* Contact Person:	Mary Smith				
* Telephone Number: * Email:	202-555-1212 mary.smith@email.com				
	1				
Disbursement 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%				
* 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		C Yes	O No C H		
Master Guarantee Agreement?	in compliance with the mediam-term	C Yes	C No		
* Has the Disbursement been calculated in accordance with the ap Guarantee Agreement?	plicable Medium-term Master	C Yes	C No		
* Were Local Cost Goods and Services provided on or after the Initi	al Eligibility Date approved by Ex-Im	C Yes	C No		
Bank?		~			
* Have all Local Cost Providers been approved in writing by Ex-Im E * Have all Local Cost Goods and Services been approved in writing		C Yes	© № © №		
have an Local Cost Goods and Services been approved in writing	by Ex-III bank?	C Yes	© N0		
Please provide any additional comments you want to include with this		*			
request					
		-			
Attachments: To attach a document with the Disbursement request, please select	a local file using the "Browse" button :	nd click "	Attach"		
Browse Attac	2				
For set off and Cost Devides levels (a)					
Exporter/Local Cost Provider Invoice(s):	ursement Request Please enter invoice	informatio	n for oach		
Invoice(s) financed by this Disbursement must be added to the Disb					
Invoice(s) financed by this Disbursement must be added to the Disb Exporter or Local Cost Provider below and use the "Add Invoice" be process for each Exporter's or Local Cost Provider's invoice(s).					
Exporter or Local Cost Provider below and use the "Add Invoice" to process for each Exporter's or Local Cost Provider's invoice(s).	outton to associate the invoice(s) with the	Request			
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:					
Exporter or Local Cost Provider below and use the "Add Invoice" to process for each Exporter's or Local Cost Provider's invoice(s).	outton to associate the invoice(s) with the	Request			
Exporter or Local Cost Provider below and use the "Add Invoice" to process for each Exporter's or Local Cost Provider's invoice(s). Exporter/Local Cost Provider: NAICS Code: Product Description:	-Select One-	Request			
Exporter ² or Local Cost Provider below and use the "Add Invoice" to process for each Exporter's or Local Cost Provider's invoice(s). Exporter/Local Cost Provider: NAICS Code: Product Description: Gross/total invoice amount paid:	Ust In to associate the invoice(s) with the	Request			
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Disbursement - Submit						
certifications, enter invoid	nt Request, please identify a contact, provio ce information and click the "Submit Requ rieved at a later point. The "Back" button re	est" button. If you choose not to submit	nt, comple t the reque	te the st, press "Save'		
Fields marked with * are						
Transaction Informatio	n:					
Transaction Number:	<u></u>	08522315XX0001				
Agreement / Transaction	/ Program Type:	MTG / IDC				
Operative Date:		10/21/2012				
Final Disbursement Date	:	9/19/2015				
Initial Eligibility Date: Amount Authorized / Und	lishursod (LISD):	9/19/2012 8,786,960.00 / 8,769,389.10				
	nsbursed (USD):	0,100,000.0070,700,300.10				
Contact Information:						
* Contact Person:		Mary Smith				
* Telephone Number:		202-555-1212				
* Email:		mary.smith@email.com				
Disbursement Informat						
* Total amount of this req		USD				
* Amount of Exposure Fe * Exposure Fee Rate rela		USD 3.37%				
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Certifications:						
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	ecedent and Special Conditions to disburse		C Yes	C No		
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* Has the Disbursement Guarantee Agreement?	been calculated in accordance with the ap	plicable Medium-term Master	C Yes	C No		
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C. Disbursement Request Form – MT Guarantee (IDC)

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

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<form></form>	so information can be retrieved at a later point. The "Back" button re	turns you to the previous screen.				
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	* Email:	mary.smith@email.com				
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Master Guarante Agreement?	* Have all Conditions Precedent and Special Conditions to disburse	ment been met?	C Yes	C No		
<pre>* * Has the Disbursement calculated in accordance with the applicable Medium-term Matter</pre>		in compliance with the Medium-term	C Yes	C No		
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identify the Exporter and attach the Exporter's statement or list the Goods/Services and the U.S. Dollar amount of each in the comment box below. Please provide any additional comments you want to include with this			C Yes	C No		
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Agreement / Transaction / Program Type:	MTG / Local Cost				
Operative Date:	10/21/2012				
inal 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: Amount Authorized / Undisbursed (FC):	EUR 6,388,120.00 / 6,379,334.55				
Anduni Autionzeu / Ondisburseu (r.C).	0,500,120.0070,575,554.55				
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 disburs	ement been met?	C Yes	C No		
* Have all Disbursement Documents been received and are they a					
Master Guarantee Agreement?	in in compliance with the Medium-term	C Yes	C 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	O Yes	C No		
* Have all Local Cost Providers been approved in writing by Ex-Im	Bank2	C Yes	C No		
* Have all Local Cost Goods and Services been approved in writing		C Yes	C No		
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			Autor		
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Exporter or Local Cost Provider below and use the "Add Invoice" process for each Exporter's or Local Cost Provider's invoice(s).	button to associate the invoice(s) with the	ie Request	. Repeat this		
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NAICS Code:					
Product Description:		*			
		-			
Gross/total invoice amount paid:	EUR / USD				
Financed Amount (excluding Exposure Fee):	EUR / USD				
Number of invoices:					
			Add Invoice		
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E. Disbursement Request Form – MT Guarantee (Foreign Currency – Fixed Local Cost)

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

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<pre>* Yes my Exporter provided a statement pursuant to its Exporter's Cartificate describing Goods and/or or to a more the U.S. Wonline attement to use further 2 of the Goode Federal Regulation (Press, Control attement to use the U.S. Dollar) amount of each in the comment box below.</pre>			C Yes	C No			
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G. Disbursement Request Form – MT Guarantee (Foreign Currency – Floating US Cost)

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submit a Disbursement Request, please identify a contact, provid rtifications, enter invoice information and click the "Submit Requ	le details on the requested Disbursemer	nt, complete the	
information can be retrieved at a later point. The "Back" button re		the request, press Save	
elds marked with * are required.			
ansaction Information:			
ansaction Number: greement / Transaction / Program Type:	08522315XX0001 MTG / Local Cost		
perative Date:	10/21/2012		
nal Disbursement Date:	9/19/2015 9/19/2012		
tial Eligibility Date: nount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10		
preign Currency:	EUR		
nount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55		
ontact Information: Contact Person:	Mary Smith		
Contact Person: Telephone Number:	202-555-1212		
Email:	mary.smith@email.com		
sbursement Information			
Fotal 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%		
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)		
	(1111/00/9999)		
e <u>rtifications:</u> Is payment of the Commitment Fee current?		CYes CNo	
Have all Conditions Precedent and Special Conditions to disburse	ment been met?	Cites Cino Cites Cino	
Have all Disbursement Documents been received and are they all		O Yes O No	
laster Guarantee Agreement?			
Has the Disbursement been calculated in accordance with the ap suarantee Agreement?	pilcable Medium-term Master	C Yes C No	
Were Local Cost Goods and Services provided on or after the Initi lank?	al Eligibility Date approved by Ex-Im	C Yes C No	
Have all Local Cost Providers been approved in writing by Ex-Im E	lank?	O Yes O No	
Have all Local Cost Goods and Services been approved in writing		C Yes C No	
ease provide any additional comments you want to include with this quest:		<u>^</u>	
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tachments:			
attach a document with the Disbursement request, please select		and click "Attach".	
Browse Attac	h		
xporter/Local Cost Provider Invoice(s): voice(s) financed by this Disbursement must be added to the Disb	ursement Request, Please enter invoice	e information for each	
xporter or Local Cost Provider below and use the "Add Invoice" b ocess for each Exporter's or Local Cost Provider's invoice(s).			
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ross/total invoice amount paid:	USD / EUR		
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perwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.			

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

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Disbursement - Submit			
To submit a Disbursement Request, please identify a contact, pro- certifications, enter invoice information and click the "Submit Req so information can be retrieved at a later point. The "Back" button	uest" button. If you choose not to submit	nt, complete the t the request, press "Sav	e"
Fields marked with * are required.			
Transaction Information:			
Transaction Number:	08522315XX0001		
Agreement / Transaction / Program Type:	MTG / IDC 10/21/2012		
Operative Date: Final Disbursement Date:	9/19/2012		
Initial 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/yyyy)	
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy		
Certifications:			
* Is payment of the Commitment Fee current?		O Yes O No	
* Have all Conditions Precedent and Special Conditions to disbur	ement heen met?	C Yes C No	
* Have all Disbursement Documents been received and are they a Master Guarantee Agreement?		CYes CNo	
* Has the Disbursement been calculated in accordance with the a	pplicable Medium-term Master	O Yes O No	
Guarantee Agreement?			
Please provide any additional comments you want to include with this		A	
request:		_	
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Attachments: To attach a document with the Disbursement request, please sele	ct a local file using the "Browse" button	and click "Attach".	
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suggestions regarding the above estimate or ways to simplify this form, forwar Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.		с с <i>,</i>	

J. Disbursement Request Form – MT Guarantee (Delegated Authori	y US Cost)
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Disbursement - Submit					
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To submit a Disbursement Request, please identify a contact, provi certifications, enter invoice information and click the "Submit Requ	de details on the requested Disbursement rest" button. If you choose not to submit	t, comple the reque	te the st, press "Save'	•	
so information can be retrieved at a later point. The "Back" button r	eturns you to the previous screen.				
Fields marked with * are required.					
Transaction Information:					
Transaction Number:	08522315XX0001				
Agreement / Transaction / Program Type:	MTG / Delegated Authority / US Cost G 10/21/2012	uarantee			
Operative Date: 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:	3.37%				
* Amount of Exposure Fee paid to Ex-Im Bank under this request:					
* Date of Disbursement related to this request: * Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy) (mm/dd/yyyy)				
Date Exposure riee was paid to Ex-ini Dank 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		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 ap	plicable Medium-term Master	C Yes	C No		
Guarantee Agreement?					
* Were Goods shipped and/or Services provided on or after the Initi 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	O No		
* Have all Goods and Services been approved in writing by Ex-Im E	lank?	C Yes	C No		
* Has any Exporter provided a statement pursuant to its Exporter's		C Yes	C No		
Services listed on the U.S. Munitions List (part 121 of Title 22 of the	e Code of Federal Regulations)? If yes,	100			
identify the Exporter and attach the Exporter's statement or list the amount of each in the comment box below.	Goods/Services and the 0.3. Donal				
Please provide any additional comments you want to include with this		*			
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Exporter or Local Cost Provider below and use the "Add Invoice" process for each Exporter's or Local Cost Provider's invoice(s).	outton to associate the invoice(s) with the	e Reques	. Repeat this		
Exporter/Local Cost Provider:	Select One	-			
NAICS Code:					
Product Description:		*			
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To submit a Disbursement Request, please identify a contact, provid certifications, enter invoice information and click the "Submit Requi	est" button. If you choose not to submit						
so information can be retrieved at a later point. The "Back" button re	turns you to the previous screen.						
Fields marked with * are required.							
Transaction Information: Transaction Number:	08522315XX0001						
Agreement / Transaction / Program Type:	MTG / Delegated Authority / Local Cost						
Operative Date:	10/21/2012						
Final Disbursement Date: Initial Eligibility Date:	9/19/2015 9/19/2012						
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10						
Contact Information:							
* Contact Person:	Mary Smith						
* Telephone Number:	202-555-1212						
* Email:	mary.smith@email.com						
Disbursement Information * Total amount of this request:							
* Amount of Exposure Fee related to this request:							
* 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		C Yes	C No C H				
Master Guarantee Agreement?	in compliance with the weddin-term	C Yes	C No				
* Has the Disbursement been calculated in accordance with the ap Guarantee Agreement?	blicable Medium-term Master	C Yes	C No				
* Were Local Cost Goods and Services provided on or after the Initia	al Eligibility Date approved by Ex-Im	C Yes	C No				
Bank?							
* Have all Local Cost Providers been approved in writing by Ex-Im B * Have all Local Cost Goods and Services been approved in writing		C Yes C Yes	C No C No				
have an Local Cost Goods and Services been approved in writing	by EX-III Dank?	O res	NO NO				
Please provide any additional comments you want to include with this request.		^					
		Y					
Attachments:							
To attach a document with the Disbursement request, please select	-	ING CIICK	Attacn .				
Browse Attac	h						
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).		, noquoor	rtopout thio				
Exporter/Local Cost Provider:	Select One	•					
NAICS Code:							
Product Description:		*					
Gross/total invoice amount paid:	USD	<u> </u>					
Financed Amount (excluding Exposure Fee):	USD						
Number of invoices:							
			Add Invoice				
No Invoice added.							
	Deals	0.1	mit Dogurant				
	Back Save	Sub	mit Request				
Paperwork Reduction Act: We estimate it will take you about 30 minutes per response, that includes the tir	ne it will take to read the instructions, gather th	e necessari	facts and fill out th	he			
	lid OMB control number is displayed on the for	rm. If you ha	e comments or	he			
We estimate it will take you about 30 minutes per response, that includes the tir form. However, you are not required to provide information requested unless a va	lid OMB control number is displayed on the for	rm. If you ha	e comments or	he			

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

Ex-Im Online Assisting Export Financing DEV Edition					
DEA Falloy					Ex-Im Online Home
				W١	ww.exim.gov
Lease Delivery - Submit		OMB No.	X000X, Expires//-		
To submit a Lease Delivery Request, please identify a contact, provi	de details on the requested Lease Deliv	erv. comp	lete the	-	
certifications, enter Lease Supplement information and click the "Supplement Supplement and click the "Supplements" save and click the "Bupplements" save and click the "Bupplements" save and click the sa	ibmit Request" button. If you choose n	ot to subn	nit the request,		
Fields marked with * are required.					
Transaction Information:					
Transaction Number: Agreement / Transaction / Program Type:	08522315XX0001 MTG / Lease / US Cost Guarantee				
Operative Date:	10/21/2012				
Final Lease Delivery Date: Initial Eligibility Date:	9/19/2015 9/19/2012				
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10				
Contact Information:					
* Contact Person:	Mary Smith				
* Telephone Number:	202-555-1212				
* Email:	mary.smith@email.com				
Lease Delivery 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%				
* 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 D	elivery been met?	C Yes	C No		
* Have all Lease Delivery Documents been received and are they all	I in compliance with the Medium-term	C Yes	C No		
Master Guarantee Agreement? * Has the Lease Supplement Financed Amount been calculated in	accordance with the applicable	C Yes	C No		
Medium-term Master Guarantee Agreement?		v res	NO NO		
* Were Goods shipped and/or Services provided on or after the Initi 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,	C Yes	C No		
Please provide any additional comments you want to include with this request:		-			
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Browse Attai	-	and click	Adden		
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L. Disbursement Request Form – MT Guarantee (Lease Delivery US Cost)

М.	Disbursement Rec	uest Form – MT	Guarantee	(Lease Delivery	/ Local Cost)
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uggestions regarding the above estimate or ways to simplify this form, forward correspondence to Ex-im Bank and the Office of Management and Budget, apenvork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.	

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

line Home EXIM.gov Contact Us				Logged in as: super_user_sqt My Profile Change Password Help Lo
Ex-Im Online				Last logged on at 3:26 PM EST on Jan 31.
Assisting Export Financing DEV Edition				
				Ex-Im Online Home
				www.exim.gov
		OMB No. 3	0000, Expines	
Lease Delivery - Submit				
o submit a Lease Delivery Request, please identify a contact, prov entifications, enter Lease Supplement information and click the "So	ide details on the requested Lease Delive	ry, compl	ete the	
ertifications, enter Lease Supplement information and click the "Se ress "Save" so information can be retrieved at a later point. The "I	abmit Request" button. If you choose no Back" button returns you to the previous	ot to subm screen.	it the request,	
ields marked with * are required.				
ransaction Information:				
ransaction Number:	08522315XX0001			
greement / Transaction / Program Type: Iperative Date:	MTG / Lease / US Cost Guarantee 10/21/2012			
inal Lease Delivery Date:	9/19/2015			
itial Eligibility Date: mount Authorized / Undisbursed (USD):	9/19/2012 8,786,960.00 / 8,769,389.10			
oreign Currency:	EUR			
mount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55			
ontact Information: Contact Person:	Mary Smith			
Telephone Number:	202-555-1212			
Email:	mary.smith@email.com			
ease Delivery 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 Lease Delivery 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	C No	
* Have all Conditions Precedent and Special Conditions to Lease E		C 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	accordance with the applicable	⊂ Yes	C No	
Medium-term Master Guarantee Agreement? * Were Goods shipped and/or Services provided on or after the Initi	al Eligibility Date approved by Ex-Im	C Yes	C No	
Bank?	an anglowity bare approved by art init			
* Have all Exporters been approved in writing by Ex-Im Bank?		C Yes	C N0	
* Have all Goods and Services been approved in writing by Ex-Im E * Has any Exporter provided a statement pursuant to its Exporter's		C Yes C Yes	C No C No	
Services listed on the U.S. Munitions List (part 121 of Title 22 of th dentify the Exporter and attach the Exporter's statement or list the	e Code of Federal Regulations)? If yes,	0 149	· 140	
amount of each in the comment box below.	outuar services and the o.o. Duran			
lease provide any additional comments you want to include with this equest:		*		
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ttachments:				
o attach a document with the Lease Delivery request, please selec	t a local file using the "Browse" button	and click	"Attach".	
Browse Atta	ch			
xporter/Local Cost Provider Invoice(s) or Lease Supplement	(s):			
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Product Description:		*		
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J.S. Content Percentage from the Exporter's Certificate:	%			
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Io Invoice or Lease Supplement added.				
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	Back Save	Sub	mit Request	
aperwork Reduction Act:				
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le estimate it will take you about 30 minutes per response, that includes the ti	alid OMB control number is displayed on the for	m. If you ha	ve comments or	he

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

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Ex-Im Online					Last logged on at 3:26 PM EST on Jan 3
DEV Edition					
				WV	Ex-Im Online Home
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		OMB No.)	000X, Expires/	/	
Lease Delivery - Submit					
o submit a Lease Delivery Request, please identify a contact, pr ertifications, enter Lease Supplement information and click the "	ovide details on the requested Lease Del Submit Request" button If you choose	ivery, compl	ete the it the request		
ress "Save" so information can be retrieved at a later point. The					
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ransaction Information: ransaction Number:	08522315XX0001				
greement / Transaction / Program Type:	MTG / Lease / Local Cost				
perative Date:	10/21/2012				
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nitial Eligibility Date:	9/19/2012 8,786,960.00 / 8,769,389.10				
mount Authorized / Undisbursed (USD): oreign Currency:	EUR				
mount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55				
Contact Information:					
Contact Person:	Mary Smith 202-555-1212				
Telephone Number: Email:	202-555-1212 mary.smith@email.com				
	, , , , , , , , , , , , , , , , , , , ,				
ease Delivery 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 Lease Delivery related to this request:	(mm/dd/yyy	/)			
Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyy	1)			
Certifications:					
* Is payment of the Commitment Fee current?		C Yes	C No		
* Have all Conditions Precedent and Special Conditions to Lease	Delivery been met?	C Yes	C No		
* Have all Lease Delivery Documents been received and are they	all in compliance with the Medium-term	C Yes	C No		
Master Guarantee Agreement? * Has the Lease Supplement Financed Amount been calculated	in accordance with the applicable	C	<u> </u>		
Medium-term Master Guarantee Agreement?	in accordance with the applicable	C Yes	C No		
* Were Local Cost Goods shipped and/or Services provided on o by Ex-Im Bank?	r after the Initial Eligibility Date approved	C Yes	C No		
* Have all Local Cost Providers been approved in writing by Ex-In	n Bank?	C Yes	C No		
* Have all Local Cost Goods and Services been approved in writi	ng by Ex-Im Bank?	C Yes	C No		
lease provide any additional comments you want to include with this equest:		<u>^</u>			
		-			
uttachments: o attach a document with the Lease Delivery request, please sel	ect a local file using the "Browse" butto	n and click '	Attach".		
	tach				
xporter/Local Cost Provider Invoice(s) or Lease Suppleme					
nvoices (or Lease Supplement(s) if applicable) under this Lease he Invoice (or Lease Supplement) information for each Exporter of					
Supplement" button to associate the Invoice(s) or Lease Supple				or	
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Exporter/Local Cost Provider:	Select One	•			
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Product Description:		*			
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lumber of invoices or lease supplements:	Add Invoice	/Lease Supp	lement		
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	Back Save	Sub	mit Request		
aperwork Reduction Act: Ve estimate it will take you about 30 minutes per response, that includes th	e time it will take to read the instructions, gather	the necessary	facts and fill out I	the	
Ve estimate it will take you about 30 minutes per response, that includes the orm. However, you are not required to provide information requested unless of the second	a valid OMB control number is displayed on the	form. If you ha	ve comments or	the	
estimate it will take you about 30 minutes per response, that includes the	a valid OMB control number is displayed on the	form. If you ha	ve comments or	the	

Ρ. Disbursement Request Form – MT Guarantee (Lease Delivery Foreign Currency – Floating US Cost)

Ex Im Online			Logged in as: super_user_sqt <u>Mv Profile</u> <u>Change Password</u> <u>Helo</u>		
Ex-Im Online					Last logged on at 3:20 PM EST on Jan 3
DEV Edition					Ex-Im Online Home
				ww	w.exim.gov
		OMB No.	000f, Expires	<u></u>	
Lease Delivery - Submit					
To submit a Lease Delivery Request, please identify a contact, provi certifications, enter Lease Supplement information and click the "Su	de details on the requested Lease Deliv	ery, comp	ete the		
press "Save" so information can be retrieved at a later point. The "E			it the request,		
Fields marked with * are required.					
Transaction Information: Transaction Number:	08522315)00001				
Agreement / Transaction / Program Type: Operative Date:	MTG / Lease / US Cost Guarantee 10/21/2012				
Final Lease Delivery Date:	9/19/2015 9/19/2012				
Initial Eligibility Date: Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10				
Foreign Currency:	EUR 6.388.120.00 / 6.379.334.55				
Amount Authorized / Undisbursed (FC): Contact Information:	0,300,120.0010,318,339.33				
* Contact Person:	Mary Smith				
* Telephone Number:	202-555-1212				
* Email:	mary.smith@email.com				
Lease Delivery 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 Lease Delivery related to this request: * Date Exposure Fee was paid to Ex-Im Bank under this request;	(mm/dd/yyyy) (mm/dd/yyyy)				
	(IIII) (IIIII) (IIII) (IIIII) (IIIII) (IIIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (III				
Certifications: * Is payment of the Commitment Fee current?		C Yes	C No		
* Have all Conditions Precedent and Special Conditions to Lease D	elivery been met?	C Yes	C No		
* Have all Lease Delivery Documents been received and are they all	in compliance with the Medium-term	C Yes	C No		
Master Guarantee Agreement? * Has the Lease Supplement Financed Amount been calculated in	accordance with the applicable	C Yes	C No		
Medium-term Master Guarantee Agreement? * Were Goods shipped and/or Services provided on or after the Initia					
Bank?	a Englosiky Date approved by Ex-III	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 Bank? * Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or		C Yes C Yes	C N0 C N0		
Services listed on the U.S. Munitions List (part 121 of Title 22 of the 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,				
Place provide soy additional commante you want to include with this		_			
Please provide any additional comments you want to include with this request:		~			
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Attachments:					
To attach a document with the Lease Delivery request, please selec		and click	'Attach".		
Browse Atta	h				
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	Select One	Ŧ			
Exporter/Local Cost Provider:					
Exporter/Local Cost Provider: NAICS Code: Product Description:					
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NAICS Code: Product Description: Gross/total invoice amount paid!		ease Sup	lement	J	
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NAICS Code: Product Description: Grossitotal invoice amount paid: Financed Amount (excluding Exposure Fee): Number of invoices or lease supplements: U.S. Content Percentage from the Exporter's Certificate: No Invoice or Lease Supplement added. Paperwork Reduction Act:	USD / EUR % Add InvolceIL Back Save	Sut	mit Request	1	
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Q. Disbursement Request Form – MT Guarantee (Lease Delivery Foreign Currency – Floating Local Cost)

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Ex-Im Online Assisting Export Financing				Last logged on at 3:26 PM EST on Jan 3
DEV Edition				
			w w	Ex-Im Online Home
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Lease Delivery - Submit		1.1.1		
To submit a Lease Delivery Request, please identify a contact, prov certifications, enter Lease Supplement information and click the "Su press "Save" so information can be retrieved at a later point. The "I	ubmit Request" button. If you choose	not to submit the r	equest,	
Fields marked with * are required.	Sack button returns you to the previou	s screen.		
Fransaction Information:				
Fransaction Number:	08522315XX0001			
Agreement / Transaction / Program Type:	MTG / Lease / Local Cost 10/21/2012			
Operative Date: Final Lease Delivery Date:	9/19/2012			
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:	U 0 1			
* Contact Person: * Telephone Number:	Mary Smith 202-555-1212			
* Email:	mary.smith@email.com			
	p			
Lease Delivery Information * Total amount of this request:	EUR / USD			
* Amount of Exposure Fee related to this request:	USD 7050	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	r)		
Certifications:				
* Is payment of the Commitment Fee current?		O Yes O N	lo	
* Have all Conditions Precedent and Special Conditions to Lease D	elivery been met?	O Yes O N	lo	
* Have all Lease Delivery Documents been received and are they a	I in compliance with the Medium-term	O Yes O N	lo	
Master Guarantee Agreement?				
* Has the Lease Supplement Financed Amount been calculated in Medium-term Master Guarantee Agreement?	accordance with the applicable	C Yes C N	lo	
* Were Local Cost Goods shipped and/or Services provided on or a	fter the Initial Eligibility Date approved	C Yes C N	lo	
by Ex-Im Bank?				
* Have all Local Cost Providers been approved in writing by Ex-Im 8 * Have all Local Cost Goods and Services been approved in writing		CYes CN CYes CN		
have an Lucar cost Goous and Genices been approved in writing	by Ex-III Daik?	o tes i o ta	0	
Please provide any additional comments you want to include with this request:		*		
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Attachments: To attach a document with the Lease Delivery request, please selection and the Browse		and click "Attacl	h".	
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Exporter/Local Cost Provider:	Select One	•		
NAICS Code:				
Product Description:		4		
Gross/total invoice amount paid:	USD / EUR			
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Number of invoices or lease supplements:				
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No Invoice or Lease Supplement added.				
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suggestions regarding the above estimate or ways to simplify this form, forward	correspondence to Ex-Im Bank and the Office	of Management and	Budget,	
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 Management and I	Budget,	