



APPLICATION FOR ISSUING BANK CREDIT LIMIT (IBCL) UNDER LETTER OF CREDIT INSURANCE POLICIES

App. Number [] (EXIM Use Only)

1 Applicant [] Policy Number [] 2 Broker [] State [] (If none, state "None") Attn.: [] Tel #: [] Attn.: [] Tel #: [] Fax #.: [] Email: [] Fax #.: [] Email: []

3. Issuing Bank (Legal name, address, city, country): []

4. Is this application a resubmission of a previously submitted application? [] YES [] NO

5. Coverage option: [] Comprehensive [] Political only

6. Details of letters of credit (L/Cs) you wish to insure: []

a. L/C Amount \$ []

b. L/C number (if available) []

c. L/C transaction type (check): [] Usance Letter of Credit - or - [] Refinanced Letter of Credit

d. L/C tenor (enter): [] Actual # of Days - or - [] Sight (check)

e. Expiry date of L/C: []

f. Importer Name: [] City [] Country []

Items marked with an asterisk (*) are required fields. Under corporate ownership, provide name of ultimate parent company, if there is a corporate owner. For number of employees and sales volume, aggregate for the company and all its affiliates², including corporate owners and subsidiaries.

g. *Exporter Legal Name:

Tradestyle: _____

*Street Address: _____

*City: _____ *State: _____ *Zip + 4: _____

Country: _____

*Corporate Ownership: _____ *Primary Industry NAICS¹: _____

*Does the Exporter have any affiliates²? Yes No

*Total Number of Employees: _____ *Annual Sales Volume: _____

*Woman-owned business: Yes No Decline to Answer

*Minority-owned business: Yes No Decline to Answer

Race (One or more boxes may be selected.):

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White Other

Ethnicity:

Hispanic or Latino Not Hispanic or Latino

*Veteran-owned business: Yes No Decline to Answer

*Disability-owned business: Yes No Decline to Answer

Contact Person: _____

Position Title: _____

Phone #: _____ E-mail: _____

¹A company's Primary Industry NAICS codes is the NAICS that accounts for the largest share of sales for the most recently completed fiscal year. The full definition of "primary industry" is set forth at 13 C.F.R. § 121.107.

²Affiliations exist when one individual or entity controls or has the power to control another or when a third party or parties control or have the power to control both. Factors such as common ownership, common management, previous relationships with or ties to another entity, and contractual relationships may cause affiliation. The complete definition of affiliation is found at 13 C.F.R. § 121.103.

h. Beneficiary Name: _____ City _____ Country _____

i. L/C Payment currency: _____

j. L/C Payment country: Country _____ Country _____

7. Products*:

a. (describe products)

b. Are the products on the Munitions Control List? YES NO

c. Are the products capital goods sold to foreign manufacturers or producers? YES NO

d. If you answered "Yes" in 7c:

(i) Provide details of product use

(ii) Will the products be used to produce exportable goods? YES NO

*The Borrower, Guarantor, Buyer and End User must be foreign entities in countries for which EXIM is able to provide support, see EXIM's Country Limitation Schedule (CLS) at www.exim.gov. There must not be trade sanctions or measures in force involving products from these countries under the Anti-Dumping or Countervailing Duty sanctions as EXIM cannot support exports to entities in these markets if the exports are used by these entities to produce such products. Please contact EXIM for further advice if trade sanctions or measures are in force involving your proposed transaction. In addition, certain products are subject to trade actions, precluding them from being supported under EXIM programs. Please see www.usitc.gov to view (i) a list of products and countries with Anti-Dumping or Countervailing Duty sanctions and (ii) products subject to a determination under Section 201 of the Trade Act of 1974.

8. What effective date do you require for the IBCL?

9. Applicant's experience with the issuing bank:

a. Do you extend insured or uninsured credit facilities to the L/C issuing bank? YES NO

b. If "Yes," provide details on the type, size, and usage of credit facilities extended to the L/C issuing bank:

c. If "Yes," does the L/C issuing bank consistently meet its credit obligations in accordance with the agreed terms?

YES NO

10. Is the L/C issuing bank an affiliate of the applicant as defined in the policy? YES NO

If "Yes," please describe the relationship:

11. The following credit information on the L/C issuing bank may be required. EXIM will notify you if any of these items are required to process the application. At your option, you may attach copies of any of these items or others that you wish to submit with the application.

- A. Audited fiscal year-end financials statements for the past two (2) years, including notes. Interim financial statements may also be required if the most recent fiscal year-end statements are more than 9 months old.
- B. A bank reference dated within 6 months of the application from a correspondent bank. The reference should indicate if credit lines are secured and the type of credit facilities offered.
- C. Background information on the L/C issuing bank, including a description of the bank's operation and structure and a list of the shareholders who directly or indirectly own 10% or more of the bank, with their corresponding ownership percentages.
- D. Rating Agencies' reports on the L/C issuing bank.

CERTIFICATIONS AND SIGNATURE

Please refer to the “Standard Certifications and Covenants for EXIM Bank Applications” set forth in Form [EIB 18-CN](#), posted on the EXIM website at <https://www.exim.gov/tools-for-exporters/applications-forms/complete-list> (the “Standard Certifications”). **THE STANDARD CERTIFICATIONS ARE INCORPORATED INTO THIS APPLICATION AS IF FULLY AND DIRECTLY SET FORTH HEREIN.** When signing this application in the space provided below, the undersigned authorized officer signing on the applicant’s behalf certifies and represents that he or she is fully authorized to sign on the applicant’s behalf, and that **HE OR SHE HAS READ** the Standard Certifications referenced above **AND IS CERTIFYING AND COVENANTING**, as appropriate, to all of the certifications, acknowledgements and covenants set forth in the Standard Certifications.

Applicant further certifies that the representations made and the facts stated in this application and its attachments **are true and Applicant has not misrepresented or omitted any material facts.** Applicant further covenants that if any statement set forth in this application or in the Standard Certifications, becomes untrue, or is discovered to have been untrue when made, Applicant will promptly inform EXIM of all such changes or discoveries. Applicant further understands that in accepting or approving this application, EXIM is relying upon Applicant’s statements set forth in the application and in the Standard Certifications, and all statements and certifications to EXIM are subject to the penalties for false or misleading statements to the U.S. Government (18 USC § 1001, et. seq.).

I, _____, do hereby certify that I am the duly appointed and qualified _____
[Title]
of _____ [Name of Applicant] and that as such I am authorized to execute this application on
behalf of _____ [Name of Applicant].

In witness whereof, I have hereunto signed my name this _____ day of _____, 20_____.

NOTICES

The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank Act of 1945, as amended (12 USC 635 et. seq.); provision of this information is mandatory and failure to provide the requested information may result in EXIM being unable to determine eligibility for support. If any of the information provided in this application changes in any material way or if any of the certifications made herein become untrue, the applicant must promptly inform EXIM of such changes. The information provided will be reviewed to determine the participants’ ability to perform and pay under the transaction referenced in this application. EXIM may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page). EXIM reserves the right to decline to process or to discontinue processing of an application.

Paperwork Reduction Act Statement: We estimate that it will take you about 1.2 hour(s) to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to EXIM and the Office of Management and Budget, Paperwork Reduction Project, OMB# 3048-0016 Washington, D.C. 20503.