

# APPLICATION FOR MEDIUM-TERM INSURANCE OR GUARANTEE

This application is to be used for insurance and guarantee transactions, including Domestic Financing, with financed amounts of \$25 million or less (excluding financed exposure fee/premium) and repayment terms between twelve months and seven years. An online version of this application is available on EXIM's website. EXIM encourages customers to apply on-line, as it will facilitate our review and allow customers a faster response time. *If you are requesting a medium-term direct loan, please apply through ELMS* at <a href="https://elms.exim.gov/">https://elms.exim.gov/</a> as it will facilitate EXIM's review. There is a step-by-step <a href="ELMS Direct Loan/Guarantee Application External User Guide">ELMS Direct Loan/Guarantee Application External User Guide</a> to assist you in completing the application.

Please note that if your financing request is between \$20 and \$25 million or a direct loan for any amount, excluding exposure fee, the transaction will be subject to U.S. flag shipping requirements. For more information, visit EXIM's website: <a href="https://www.exim.gov/policies/us-flag-shipping-requirements">https://www.exim.gov/policies/us-flag-shipping-requirements</a>.

FINANCING TYPE	REQUESTED		
Product	Loan Guarantee MGA No. (if known):	Sovereign Public Non-sc	-
	Finance Lease Guarantee	Sovereign Public Non-so	
		Sovereign Public Non-so	vereignPrivate Sector
Conversion	of a Preliminary Commitment or a	Letter of Interest  EXIM reference number is:	
	on Check if this is a resubmiss vn for other reasons. The EXIM ref MTR (Medium-Term Repetiti	ference number is:	ously deemed incomplete or
company, if there affiliates, includin  Applicant: The sponsor associations are applicants.	h an asterisk (*) are required fields. It is a corporate owner. For number or g corporate owners and subsidiaries applicant may be any exporter, final ated with the transactionChecking of the agency:	f employees and sales volume, ago ncial institution, supplier, the prima if the applicant has been assisted	gregate for the company and all its ry borrower, buyer or controlling by a city or state export agency and
*Applicant Nam	e:		
Tradestyle:			
*Business Addr	ess:		
*City:	*State:	*Zip/Postal Code:	*Country:
Contact Person	:	Position Title:	
Duns No.	UEI No. <sup>1</sup>	Taxpayer ID No	

¹A Unique Entity Identifier (UEI) No. is a 12-character unique number assigned to all entities (public and private companies, individuals, institutions or organizations) who must register in SAM.gov to do business with the federal government. For a Direct Loan, the Borrower(s) is required to have a UEI. For a Guarantee, whichever entity will be receiving EXIM's guarantee, either the Agent or Lender(s), is required to have a UEI. If your entity is registered in SAM.gov, your UEI has already been assigned and is viewable in SAM.gov. If you do not have a UEI No. and your entity is either a Borrower for a Direct Loan or the recipient of EXIM's guarantee, then you must register your entity. Visit <a href="https://sam.gov/content/home">https://sam.gov/content/home</a> to see if your entity has a UEI No., to register your entity or for more information.

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For an Applicant located in the U	Jnited States, ite	ms marked	with an asterisk (*) are required fields.
*Woman-owned business:	Yes	No	` '
*Minority-owned business:	Yes	No	
*Veteran-owned business:	Yes	No	Decline to Answer
*Disability-owned business:	Yes	No	Decline to Answer
*Race (One or more boxes may	be selected.):		
•	•	Black o	or African American Hispanic or Latino
			cific Islander White Decline to Answer
servicesCheck if the expo	orter is the applic providers. For	cant. Other more inforn	ng with the Buyer for the sale of the U.S. goods and/or wise, complete the information below for each exporter nation about ancillary services visit: vices
*Exporter Name:			
Tradestyle:			
*Business Address:			
*City:	*State:		_*Zip/Postal Code:*Country:
Contact Person:	· · · · · · · · · · · · · · · · · · ·		Position Title:
Phone:		<del> </del>	Email:
Duns No			Taxpayer ID No
*Corporate Ownership:			
*Does the Exporter have any aff	filiates <sup>2</sup> ? Yes _	No	*Primary Industry NAICS <sup>3</sup> :
*Total Number of Employees: _			* Annual Sales Volume:
For an Exporter located in the U	nited States, ite	ms marked v	with an asterisk (*) are required fields.
*Woman-owned business:	Yes	No	Decline to Answer
*Minority-owned business:	Yes	No	
*Veteran-owned business:	Yes	No	
*Disability-owned business:	Yes	No	Decline to Answer
*Race (One or more boxes may	be selected.):		
American Indian or Alaskan Nativ	ve Asian_	Black o	or African American Hispanic or Latino
Middle Eastern or North African	Native Hav	vaiian or Pa	cific Islander White Decline to Answer
How many years has the Export	ter heen in comr	nercial oner	ations?
Does the Exporter have experie	nce with transac	LIONS OF SIM	ilar size, scope and complexity? Explain below:

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Affiliations 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.

<sup>&</sup>lt;sup>3</sup> A company's Primary Industry NAICS code 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.

Supplier. The "supplier" is the U Check if the Supplier is als				erforms the services to be exported
including any ancillary service p same information for the primary	rovidersCh	neck if the	Supplier is not determined	
*Supplier Name:				
Tradestyle:				
*Business Address:				
				*Country:
Contact Person:				· · · · · · · · · · · · · · · · · · ·
Phone:				
Duns No.		· · · · · · · · · · · · · · · · · · ·	Taxpayer ID No	
*Corporate Ownership:				
*Does the Exporter have any af				:
*Total Number of Employees: _			* Annual Sales Volume:	
How many years has the Suppl				
Does the Supplier have experie		•		
For a Supplier located in the Uni	ited States items	marked w	rith an actorick (*) are requi	red fields
*Woman-owned business:	Yes	No	` '	
*Minority-owned business:	Yes	No		
*Veteran-owned business:	Yes	No	_ Decline to Answ	er
Disability-owned business:	Yes	No	_ Decline to Answ	er
*Race (One or more boxes may	be selected.):			
American Indian or Alaskan Nati		_ Black	or African American	Hispanic or Latino
Middle Eastern or North African <sub>-</sub>	Native Haw	aiian or Pa	acific Islander White_	Decline to Answer
Borrower or Lessee: The borrolease the goods and services from applicant. If not, complete the in *Borrower/Lessee Name:	om the lessor and nformation below.	l pay rent	under a finance lease	-
*Business Address:				
				*Country:
Contact Person:				· · · · · · · · · · · · · · · · · · ·
Phone:				······
Duns No.				
For a borrower located in the Ui	nited States, item	s marked	with an asterisk (*) are req	uired fields.
*Woman-owned business:	Yes	No		
*Minority-owned business:	Yes	No		
*Veteran-owned business:	Yes	No		
*Disability-owned business:	Yes	No		er

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	Black or African American Hispanic or Latino awaiian or Pacific Islander White Decline to Answer
Refer to the Medium-Term Credit Standards (at situations personal or corporate guarantors are Complete the information below for each guarantor Check to indicate:There is no guarantor institution	
*Guarantor Name:	
*Business Address:	
*City: *State:	*Zip/Postal Code:*Country:
Contact Person:	Position Title:
Phone:	Email:
	s with the exporter for the purchase of the U.S. goods and services. see or lessor orguarantor. Otherwise complete the information
*Buyer Name:	<del></del>
*Business Address:	
*City: *State:	*Zip/Postal Code: *Country:
Contact Person:	Position Title:
Phone:	Email:
EXIM's evaluation of reasonable assurance buyer or guarantor or business con	The PSOR is the entity whose financial statements form the basis of of repayment. For this transaction, indicate whether the PSOR is: mbination (e.g., the consolidated or combined financial statement of the r controlling sponsor(s).) If business combination, indicate which entities
Is the PSOR a financial institution? Yes	
The risk category of the PSOR: Sovereign	Public Non-sovereign Private
Does the PSOR have a bond rating? Yes the date of rating:	NoIf yes, indicate the name(s) of the rating agency, rating, and
	/ that uses the U.S. goods and services. Check if the end-user is also
theborrower orguarantor orbuyer	orPSOR. Otherwise, complete the information below.
*End-user Name:	
*Business Address:	
*City: *State:	*Zip/Postal Code:*Country:
Contact Person:	Position Title:
Phone:	Email:

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*   andar/ accor Names			
		*Zip/Postal Code:	
		Position Title:	
Phone:		Email:	
Duns No	UEI No.1	MGA No.:	
has assisted in the sour receive compensation in If yes, complete the infor	cing, packaging, and/or pre some form for their services rmation below.	usually located in the country of eparation of a request for supports. Is an agent involved in the trai	rt from EXIM, and who will nsaction? Yes No
		*7' /D . 1 . 0 . 1	
		*Zip/Postal Code:	
Contact Person:		Position Title:	
BrokerCheck if the *Lender/Lessor Name: *Business Address:			
BrokerCheck if the *Lender/Lessor Name:*Business Address:*City:	nere is no broker  *State:	*Zip/Postal Code:	*Country:
*Lender/Lessor Name: _ *Business Address: *City: Contact Person:	nere is no broker  *State:	*Zip/Postal Code: Position Title:	*Country:
*Lender/Lessor Name: _ *Business Address: *City: Contact Person: Phone:	nere is no broker  *State:	*Zip/Postal Code: Position Title:	*Country:
*Lender/Lessor Name: *Business Address: *City: Contact Person: Phone: Duns No	nere is no broker  *State:	*Zip/Postal Code: Position Title:	*Country:
*Lender/Lessor Name: *Business Address: *City: Contact Person: Phone: Duns No  ECIAL FEATURES REQUECK the box(es) for the contact person in the contact perso	*State:  *State:  ESTED  overage(s) that apply to the state and attached below. Complete and attached below. For more information:  quired: Attachment F (Form	*Zip/Postal Code: Position Title: transaction. View the fact sheet ach the Required forms.  Required: Attachment H (Form Co-Financing   EXIM.GOV in EIB 95-10f): Foreign and Domes	*Country: s describing the coverage  EIB 22-09): Co-financing with  stic Project Finance and <i>Require</i>
*Lender/Lessor Name: *Business Address: *City: Contact Person: Duns No  ECIAL FEATURES REQUECK the box(es) for the contact Person is Co-financing with a Formation or in the contact Person is Co-financing with a Formation is Coefinancing with a Formation is	*State:  *State:  ESTED  overage(s) that apply to the state and attached below. Complete and attached below. For more information:  quired: Attachment F (Form	*Zip/Postal Code: Position Title: Email:  transaction. View the fact sheet ach the Required forms.  Required: Attachment H (Form Co-Financing   EXIM.GOV	*Country: s describing the coverage n EIB 22-09): Co-financing with
*Lender/Lessor Name: *Business Address: *City: Contact Person: Phone: Duns No  *CIAL FEATURES REQUECK the box(es) for the contact Person in the contact Perso	*State:  *State:  *State:  byverage(s) that apply to the greign Export Credit Agency:  ncy. For more information:  quired: Attachment F (Form 2-05): Domestic Finance Tractial Screening: Required: A	*Zip/Postal Code: Position Title: transaction. View the fact sheet ach the Required forms.  Required: Attachment H (Form Co-Financing   EXIM.GOV in EIB 95-10f): Foreign and Domes insactions. For more information: ttachment B (Form EIB 95-10b):	*Country:  s describing the coverage  n EIB 22-09): Co-financing with  stic Project Finance and Require Make More in America Initiative    Environmental Screening Documental
*Lender/Lessor Name: *Business Address: *City: Contact Person: Phone: Duns No  *CIAL FEATURES REQUECK the box(es) for the contact Person in the contact Perso	*State:  *State:  *State:  byverage(s) that apply to the greign Export Credit Agency:  ncy. For more information:  quired: Attachment F (Form 2-05): Domestic Finance Tractial Screening: Required: A	*Zip/Postal Code: Position Title: transaction. View the fact sheet ach the Required forms. Required: Attachment H (Form Co-Financing   EXIM.GOV in EIB 95-10f): Foreign and Domes insactions. For more information:	*Country:  s describing the coverage  n EIB 22-09): Co-financing with  stic Project Finance and Require Make More in America Initiative    Environmental Screening Docume
*Lender/Lessor Name: *Business Address: *City: Contact Person: Phone: Duns No  *CIAL FEATURES REQUECK the box(es) for the contact Person in the contact Perso	*State:  *State:  *State:  *State:  bverage(s) that apply to the delease and attached and attached:  *Attachment F (Form 2-05): Domestic Finance Trackit:  *Required: Attachment C	*Zip/Postal Code: Position Title: transaction. View the fact sheet ach the Required forms.  Required: Attachment H (Form Co-Financing   EXIM.GOV in EIB 95-10f): Foreign and Domes insactions. For more information: ttachment B (Form EIB 95-10b): (Form EIB 22-03) Supplemental	*Country:  s describing the coverage  EIB 22-09): Co-financing with  stic Project Finance and Require  Make More in America Initiative    Environmental Screening Documental Information Requirements for
*Lender/Lessor Name: *Business Address: *City: Contact Person: Phone: Duns No  *CIAL FEATURES REQUECK the box(es) for the contact Person in the context of the context	*State:  *State:  *State:  *State:  *State:  *State:  *State:  *Diverage(s) that apply to the state and attained attaine	*Zip/Postal Code:  Position Title: Email:  transaction. View the fact sheet ach the Required forms.  Required: Attachment H (Form Co-Financing   EXIM.GOV n EIB 95-10f): Foreign and Domes nsactions. For more information:  ttachment B (Form EIB 95-10b): (Form EIB 22-03) Supplemental achment J (Form EIB 22-02): Pre-E	*Country:  s describing the coverage  n EIB 22-09): Co-financing with  stic Project Finance and Require  Make More in America Initiative    Environmental Screening Docum  Information Requirements for  Export Payments Questionnaire. For
*Lender/Lessor Name: *Business Address: *City: Contact Person: Duns No  *CIAL FEATURES REQUECK the box(es) for the contact Person in the c	*State:  **State:  **Stat	*Zip/Postal Code: Position Title: transaction. View the fact sheet ach the Required forms.  Required: Attachment H (Form Co-Financing   EXIM.GOV in EIB 95-10f): Foreign and Domes insactions. For more information: ttachment B (Form EIB 95-10b): (Form EIB 22-03) Supplemental inchment J (Form EIB 22-02): Pre-Eichment G (Form EIB 95-10g): Comment G (Form	*Country:  s describing the coverage  n EIB 22-09): Co-financing with  stic Project Finance and Require Make More in America Initiative    Environmental Screening Docum Information Requirements for  export Payments Questionnaire. For  iredit Information. For more
*Lender/Lessor Name: *Business Address: *City: Contact Person: Phone: Duns No  *CIAL FEATURES REQU  *CK the box(es) for the contact Person in the context of the conte	*State:  *St	*Zip/Postal Code:  Position Title: Email:  transaction. View the fact sheet ach the Required forms.  Required: Attachment H (Form Co-Financing   EXIM.GOV n EIB 95-10f): Foreign and Domes nsactions. For more information:  ttachment B (Form EIB 95-10b): (Form EIB 22-03) Supplemental achment J (Form EIB 22-02): Pre-E	*Country:  s describing the coverage  n EIB 22-09): Co-financing with  stic Project Finance and Require Make More in America Initiative    Environmental Screening Docum Information Requirements for  Export Payments Questionnaire. For  redit Information. For more finance-for-small-projects

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Environmental Exports Program: For more information: Environmental Exports Program: For more information: Finance Lea Foreign Currency Guarantee: For more information: Foreign C Local Cost Support: For more information: Local Cost   EXIM. Military/Security/Police: For more information: Military   EXIM. Supply Chain Resiliency Initiative (SCRI): For more information Other (please specify):	se Structure   EXINurrency Guarantee GOV .GOV and Securit	M.GOV   EXIM.GOV y Forces Sales   EXIM.GOV
CHINA AND TRANSFORMATIONAL EXPORTS PROGRAM (CT Check one or both applicable Section 402 boxes, as appropriate, subsidies from competing goods and/or services financed by the designated by the U.S. Secretary of the Treasury) <sup>4</sup> ; and/or (b) the Transformational Export Areas designated by Congress, as necessible which include:	if (a) the items to be People's Republic eexport items quali	of China (PRC) or by other countries (as fy as one or more of the
Section 402(A) – Your export is facing competition from an other covered countriesSection 402(B) – Value of your export largely consists of will the foreign buyer use of the export (Buyer End Use) in on (TEAs) (and/or related services). If selected, at least one TEA is	equipment or servi e or more of the fo	ces (Export Value) that fall into and/or
	es No	
If yes, please designate the Transformational Export Area(s)	Export Value	Buyer End Use
Artificial Intelligence	<u>Export value</u>	<u>Bayor Eria Goo</u>
Biotechnology		<del></del>
Biomedical sciences		
Wireless communications equipment		
Quantum computing	<del></del>	
Renewable energy	  ng	
Energy efficiency		<del></del>
Energy storage	<del></del>	<del></del>
Semiconductor and semiconductor machinery manufacturi	ng	<del></del>
Emerging financial technologies Water treatment and sanitation	<del></del>	
High-performance computing	<del></del>	<del></del>
	<del></del>	<del></del>
If either Section 402 box is checked, provide an explanation via	a attachment.	
TRANSACTION DESCRIPTION  Describe Goods and Services, which are proposed for the scop supplier, NAICS of goods and services, number of units, values		
Describe the purpose of the transaction. Address the following expand production capacity for an exportable product?	n the description:	Will the goods be used to create or
Are the goods and services destined for an identifiable project? cost in US dollars. Also provide information as to other propose capital.		
<del></del>		

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 $oldsymbol{4}$  As of this writing, no other country besides the PRC has been designated a covered country.

Indicate whether an application for support of this export contract or a related project has been filed with the Agency for International Development, Maritime Administration, U.S. International Development Finance Corporation, Trade Development Agency or a multilateral financing agency. If so, include a brief description of the additional support being sought and identify the name and contact at each.

\_\_\_\_\_\_

#### REQUESTED FINANCING AMOUNTS AND STRUCTURE

EXIM financing support is based on the value of the eligible goods and services in the exporter's supply contract(s) or purchase order(s). The total level of support will be the lesser of: 85% of the value of all eligible goods and services; or 100% of the U.S. content included in all eligible goods and services in the exporter's supply contracts or purchase order(s). In addition, EXIM may also finance certain local costs, ancillary services as approved, and the exposure fee/premium. Complete the chart below for Uses and Sources of Funds.

Complete the **required** Content Table below to determine the estimated eligible amounts for all transactions.

		Definition	\$
A	Supply Contract(s) or Purchase Order(s)	The aggregate price of all Goods and Services in all the supply contract(s) or purchase order(s), including Local Costs, Ancillary Services, Follower ECA-Covered Goods and Services, and Excluded Goods and Services.  * If lessor is a U.S. entity and takes title to the U.S. Goods and Services for a lease to a foreign lessee, the finance lease is the supply contract.	
Bi	Ancillary Services	The aggregate cost of ancillary services included in line A (indirect or support costs for the primary Goods and Services, such as financial, legal, or lender fees).	
Bii	Follower ECA-Covered Goods and Services	The aggregate price of all Goods and Services included in line A that are eligible for EXIM Bank support as Follower ECA-Covered Goods and Services.  * An amount should be entered if the Co-financing with a Foreign Export Credit Agency Special Coverage was selected.	
С	Excluded Goods and Services	The aggregate price of all Goods and Services included in line A that are not eligible for (or excluded from) EXIM support (e.g., goods not shipped from the U.S. and excluded ancillary services). Local Costs should not be included in this line.	
D	Total Local Costs	The aggregate price of all Goods included in line A originated/manufactured in the Purchaser's Country and all Services provided by residents of the Purchaser's Country. EXIM may be able to finance these amounts up to 50% of the <b>E</b> -Net Contract Price below.	
E	Net Contract Price	A-Supply Contract(s) or Purchase Order(s) MINUS C-Excluded Goods and Services MINUS D-Total Local Costs	
F	Eligible Foreign Content	The aggregate cost of any Goods (or components thereof) produced or manufactured outside the U.S., Services provided by third country personnel, foreign freight costs and foreign insurance included in the E-Net Contract Price above (e.g., foreign items exported from the U.S.). Local Costs should not be included in this line.	
G	U.S. Content	E-Net Contract Price MINUS F-Eligible Foreign Content	
Н	Cash Payment	The cash payment is determined by the transaction type.  Domestic Finance (MMIIA) does not have a cash payment. All other transaction types require a minimum of 15% of <b>E</b> -Net Contract Price	
ı	Local Cost Financing Requested	Local Cost can be supported up to 40% or 50% of the value of the E-Net Contract Price, depending on the OECD country categorization for the buyer. Country categorizations for local cost calculations can be found at the OECD under "Maximum Repayment Terms:" Financing terms and conditions - OECD	
J	Financing Amount Requested (Excluding Exposure Fee)	<b>E</b> -Net Contract Price MINUS <b>H</b> -Cash Payment PLUS <b>I</b> -Local Cost Financing Requested.	

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<b>Exposure Fee</b> . Check one boxEXIM to finance the fee, which will be paid as the	
EXIM to finance the fee, which will be paid up fro	
EXIM will not finance the fee, and it will be paid a	
EXIM will <u>not</u> finance the fee, and it will be paid u	p tront.
Transaction Structure	
<b>Principal Repayment Term.</b> (years). Unless of be repaid semi-annually beginning six months after the otherwise requested, rent will be calculated based on equipment of the starting point.	
	ent that marks the fulfillment of the exporter's contractual es at the time the project meets all completion tests. (Check
Shipment (single shipment)	Services Completion.
Final Shipment (multiple shipments)	Completion of Installation. Specify date:
Mean Shipment (multiple shipments) Other	Project Completion. Specify date:
Ouie	
Shipment Period. Shipments will be completed and/	
(month/year) to (month/year) excluding	g any acceptance, retention, or warranty period.
Promissory Notes/Lease Supplements. For transactThere will be one promissory note per shipmentDisbursements will be consolidated into one promissoThere will be one lease supplement per shipment (FineLease deliveries will be consolidated under one lease	ry note ance lease only)
Interest rate. The interest rate to be charged on the gu	uaranteed loan is:
REASON FOR REQUESTING EXIM SUPPORT  The basic rationale for EXIM support is that the exporare one or more obstacles to obtaining such financing. transaction, to the best of your knowledge. Please also most important.	
Category I: Non-U.S. (Foreign) Competition	Most Important?
	· —
Are any nonU.S. companies competing for this sale? Yes No Don't Know	
If yes, please identity non-U.S. competitor:	
If yes, is the non-U.S. competitor receiving support from Yes No Do	
if yes, please list the export credit agency:	om any export credit agency for this sale? on't Know
Category II: Structural or Risk Constraints	, ,
Category II: Structural or Risk Constraints  Is commercial financing for this sale limited by bank r	on't Know
Category II: Structural or Risk Constraints  Is commercial financing for this sale limited by bank r borrower, industry, or country)?	Most Important?
Category II: Structural or Risk Constraints  Is commercial financing for this sale limited by bank r borrower, industry, or country)?  Yes No Do  If yes, are the relevant limits related to risk or liquidity	Most Important? requirements (such as maturity limits or capacity limits on the

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Yes	No	Don't Know
If yes, what risks Yes	s are creating the limitation?  No	Other
Are any Chinese	sformational Exports Program companies competing for this sale No entity the Chinese competitor: _	(CTEP) Most Important? e? Don't Know
Yes		port from any government financing agency for this sale?  Don't Know
Category III: Oth	ner/Not Identified	Most Important?
Yes	nancing for this sale limited bed No escribe:	cause of other considerations?  Don't Know
CREDIT INFORMATION	ON Complete Attachment A (Form	EIB 22-06) Credit Information Requirements
OTHER INFORMATIO	N AND CERTIFICATIONS	
Credit AgencAnnex A to th https://www.eLender's mar  Supply ContractSales contract between the exThe exporter(s	xporter and buyer are attached. s) are not the manufacturers of th	d exporter(s). (Guarantees only) at: <a href="mailto:mtmgaannexes.pdf">mtmgaannexes.pdf</a> icant is a financial institution).  d Buyer.  Irchase order(s) and finance lease(s) evidencing the transaction be goods nor the producers of the services to be exported; the Sales
supplier(s) and	exporter(s) are attached; AND th	der(s) and finance lease(s) evidencing the transaction between the ne Sales contract(s), pro forma invoice(s), or purchase order(s) and veen the supplier(s) and buyer are attached.
annually in arrea	ee accrues starting 60 days afte irs on a schedule determined at num on the undisbursed and ur	er the authorization of a final commitment and is payable semitive time of authorization. The commitment fee is either: incancelled balance of a guaranteed loan or 1/2 of 1% per
Choose one of the	ne options below regarding the p	payment of the commitment or facility fee:
pay the commitmThe applicantsigning thsigning th https://www.e pay the feeThe applicant if from theborro	ent fee. is the guaranteed lender, and is ne application which irrevocably ne application and enclosing wit exim.gov/sites/default/files//forms/ is the exporter, and is signing the wer orguaranteed lender (at the	,

### **Anti-Lobbying Disclosure Form**

Please refer to the Anti-Lobbying Declaration/Disclosure forms (see <u>Attachment D (Form EIB 95-10d)</u>: <u>Anti-lobbying Declaration/Disclosure</u>) and include a signed copy of the appropriate form(s) with your application.

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# MEDIUM-TERM APPLICATION ATTACHMENTS

Attachment A (Form EIB 22-06) Credit Information Requirements

Attachment B (Form EIB 95-10b): Environmental Screening Document

Attachment C (Form EIB 22-03) Supplemental Information Requirements for Foreign Dealer Support

Attachment D (Form EIB 95-10d): Anti-lobbying Declaration/Disclosure

Attachment E (Form EIB 22-08): Used Equipment Questionnaire

Attachment F (Form EIB 95-10f): Foreign and Domestic Project Finance

Attachment H (Form EIB 22-09): Co-financing with Foreign Export Credit Agency

Attachment I (Form EIB 22-05): Domestic Financing

Attachment J (Form EIB 22-02): Pre-Export Payments Questionnaire

Attachment K (Form EIB 22-04): Form of Fee Letter

Attachment K is to be submitted in the following circumstances:

- the application is for a guarantee or a credit guarantee facility
- the applicant is the guaranteed lender or the exporter, and
- the applicant is signing the application, but the borrower is committing to pay the commitment or facility fee

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## **CERTIFICATIONS AND SIGNATURE**

Please refer to the "Standard Certifications and Covenants for EXIM Applications" set forth in Form EIB 18-CN, posted on the EXIM website at <a href="https://www.exim.gov/tools-for-exporters/applications-forms/complete-list">https://www.exim.gov/tools-for-exporters/applications-forms/complete-list</a> (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 the certifications, acknowledgments 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, including the reason for requesting EXIM support**. 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 a	m the duly appointed and qualified	
	, <u> </u>	(Title)
ofand that as such I an (Name of Applicant)	n authorized to execute this applicati	on
on behalf of (Name of Applicant)		
In witness whereof, I have hereunto signed my name this	day of	. 20
Name of Applicant:		
Signature:	_ (Authorized Officer)	
Name:	_	
Title:	_	
Telephone:	_	
Email:		

#### **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 any application.

Paperwork Reduction Act Statement: We estimate that it will take you about 2 hours 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# 3048-0014 Washington, D.C. 20503

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