Export-Import Bank of the United States Payment Default Report (Online)

Instructions:

- •You are required to report all amounts that are overdue, <u>even if full</u> payment is subsequently made by the obligor.
- •*Refer to your insurance policy or guarantee with respect to post-default obligations, claim filing requirements, notice and other requirements.*
- Prepare and file this default report ONLINE! at Ex-Im Online

Date of Notice: Ex-Im Bank Guarantee/Insurance Policy number: Guarantee/Policy Type: Information about Installment in Default 1. Current outstanding loan balance: 2. Due Date/Payment Date of defaulted installment: Installment number: _____ of 3. Amount due on Due Date/Payment Date: □ Default cured on (insert date): □ Partial payment(s) received •in the total amount of: •on date(s): □ No payments received in respect of amounts in default 4.Reason(s) for non-payment (check all that apply): Slow pay typical ☐ Increase in accounts receivable □ Lack of revenues □ Natural Disaster Poor management Country/sector economic/political events Foreign exchange/transfer problems Equipment failure □ Bankruptcy Dispute \Box Other (specify):

5.Lender actions taken to correct the problem (check all that apply):

Contacts with buyer/borrower:

Phone calls
☐ Face-to-face meeting with borrower
Other (specify):
 Cancel other lines of credit Educate/inform borrower
Other (specify):
 6.Borrower actions taken to correct the problem (check all that apply): Agreed to pay defaulted amounts Conditional agreement to pay defaulted amounts
Cash flow management:
 Revising cash flow projections Improving receivables
Managing payables
Surviving shortfalls
Adjusting for business cyclicality and debt service
Company reorganization
□ Requested rescheduling of debt
Requested waiver (specify):
□ Other (specify):
7.Expectations of future performance for this borrower:
Expect resolution:
\square high probability
\square reasonable probability
\square low probability
Imminent claim likely
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8.If any of the contact information for the Borrower (or Guarantor) has changed, please provide current information:

Name of Lende	r/Insured:	
Contact person		
Name:		
Title:		
Phone:		
Email:		

Paperwork Reduction Act Statement: We estimate that it will take you about 15 minutes per response 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB # 3048-0028 Washington, D.C. 20503.