# EIB 12-02 MT CGF Disbursement Approval Request Disbursement Request Submission Screenshots (CGF)

March 2016

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# I. Summary

Ex-Im Bank has developed an electronic disbursement approval processing system for guaranteed lenders with Credit Guarantee Facilities. After a Credit Guarantee Facility (CGF) 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. The Lender will access and complete an electronic questionnaire through ExIm Online inputting key data and requesting approval of the disbursement. Ex-Im Bank's action (approved or declined) will be posted on the Lender's history page.

Eligible costs in the following categories may be authorized by Ex-Im Bank and the electronic disbursement approval request will have variations depending on the type of cost selected:

- U.S. goods and services
- Local cost goods and services

CGFs denominated in a foreign currency may be authorized. 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.

Transaction Information:		
Transaction Number:	08087682XX0001	
Agreement / Transaction / Program Type:	MTG / CGF / US Cost Guarantee	
Operative Date:	01/09/2013	
Amount Authorized / Undisbursed (USD):	90884.00 / 90884.00	
Foreign Currency:	EUR	
Amount Authorized / Undisbursed (FC):	67072.00 / 67072.00	

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, 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.

Open payment of the Facility Fee current?       C Yes       No         Open payment of the Facility Fee current?       C Yes       No         A Have all Conditions Precedent and Special Conditions to disbursement been met?       C Yes       No         Agreement?       C Yes       No         A set and Disbursement been calculated in accordance with the Facility Agreement?       C Yes       No         A reary of the Goods used equipment?       C Yes       No         Tyse, has Exhim Bank's written approval been obtained?       C Yes       No         Does the Disbursement include any items on the list of Excluded Goods and Services for which Exhim       C Yes       No         Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank has provided written approval has not been obtained?       C Yes       No         A the dates that Goods were shipped and rol Services provided earlier than 180 days prior to the Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank has provided) written approval?       C Yes       No         Services Disted on the U.S. Munitons List (part 12) of Title 22 of the Code of Foderal Regulations?       Yes       No         Services Disted on the U.S. Munitons List (part 12) of Title 22 of the Code of Foderal Regulation??       Yes       No         Please provide any additional comments you want to include with this       C       Yes       No         <	Certifications:			
* Have all Disbursement Documents been received and are they all in compliance with the Facility Yes No Agreement? * Has the Disbursement been calculated in accordance with the Facility Agreement? Yes No * Are any of the Goods used equipment? Yes No * Does the Disbursement include any items on the list of Excluded Goods and Senices for which Ex-Im Yes No * Does the Disbursement include any items on the list of Excluded Goods and Senices for which Ex-Im Yes No * Are the dates that Goods were shipped and/or Senices provided earlier than 180 days prior to the Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank has provided written approval has not been obtained? * Are the dates that Goods were shipped and/or Senices provided earlier than 180 days prior to the Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank) * Are all Exporters or Local Cost Providers been approved by Ex-Im Bank has provided written approval by exons of the earlier than 180 days prior to the Disbursement Date at attach the Exporter's statement or list the Goods/Senices and the U.S. Dollar amount of each in the comment box below. Please provide any additional comments you want to include with this request. Please provide any additional comments you want to include with this request. Please approved by Exons Feel Add horocler and Add Pace Add Horocler and Add Pace Add Horocler and Add Pace Add Horocler Beard Request. Please enter invoice information for each Exporter's or Local Cost Providers invoice(s). Listent Loss Cost Provider: Note Add Horocler Disbursement Request. Please enter invoice information for each Exporter's or Local Cost Provider's invoice(s). Listent Loss Cost Provider: Note Add Horocler Disbursement Request. Please enter	Is payment of the Facility Fee current?		C Yes	O No
Agreement?       Yes       No         * Has the Disbursement been calculated in accordance with the Facility Agreement?       Yes       No         * Are any of the Goods used equipment?       Yes       No         * Does the Disbursement include any items on the list of Excluded Goods and Services for which Ex-Im       Yes       No         * Does the Disbursement include any items on the list of Excluded Goods and Services for which Ex-Im       Yes       No         * Are the dates that Goods were shipped and/or Services provided earlier than 180 days prior to the Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank has provided written approval)?       * Has any Exporter sor Local Cost Providers been approved by Ex-Im Bank?       Yes       No         * Have all Exporters or Local Cost Providers been approved by Ex-Im Bank?       Yes       No       No         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 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 request.       The additional comments on the Materian Cost of the Provider Section on the Materian Cost of the Provider Section on the Section on the Materian Cost of the Provider Section on the Materian Cost Provider Invoice).         Please provide any additional comments you want to include with this processite the invoice information for each Exporter is Cost Provider Sectre Materian Cost Pr	* Have all Conditions Precedent and Special Conditions to	O Yes	O No	
* Are any of the Goods used equipment?   Yes No   If yes, has Et-Im Bank's written approval been obtained? Yes   No No   Does the Disbursement include any items on the list of Excluded Goods and Services for which Ex-Im Yes   No No   Bank's written approval has not been obtained? Yes   No Yes No   Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank has provided written approval) Yes   P has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Yes   No Services listed on the U.S. Munitons List (part 121 of Thie 22 of the Code of Ederal Regulations?) Hyes, 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 request.    Please provide any additional comments you want to include with this request.   Please provide any additional comments you want to include with this request.   Please provide any additional comments you want to include with this request.   Please provide any additional comments you want to include with this request.   Please provide and the U.S. Dollar amount of each Exporter's or Local Cost Provider invoice(s).   Attach   Coster/Local Cost Provider   Imotaci() financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter's or Local Cost Provider:   Imotaci() financed by this Disbursement must be added to the Disbursement Request. Please enter invoice inform		they all in compliance with the Facility	C Yes	C No
If yes, has Ek-Im Bank's written approval been obtained?       Yes       No         * Does the Disbursement include any items on the list of Excluded Goods and Services for which Ex-Im       Yes       No         * Are the dates that Goods were shipped work Services provided earlier than 180 days prior to the Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank has provided written approval)?       Yes       No         * Hae all Exporters or Local Cost Providers been approved by Ex-Im Bank?       Yes       No         * Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and tatch 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 request.       Image: I	* Has the Disbursement been calculated in accordance wit	h the Facility Agreement?	C Yes	O No
* Des the Disbursement include any items on the list of Excluded Goods and Services for which Ex-Im	* Are any of the Goods used equipment?		C Yes	O No
Bank's written approval has not been obtained?  * Are the dates that Goods were shipped and/or Services provided earlier than 180 days prior to the Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank has provided written approval)?  * Have all Exporters or Local Cost Providers been approved by Ex-Im Bank?  * Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services itsed on the U.S. Munitons List (part 12/ at 171 the 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.  Please provide any additional comments you want to include with this request. <b>Exporter Incl. Cost Provider Invoice(s): ExporterIncel Cost Provider Invoice(s):</b> ExporterIncel Cost Provider Invoice(s):  ExporterIncel Cost Provider Invoice(s):  ExporterIncel Cost Provider:  NAICS Code: Product Description:  Gorss-fortal invoice amount paid: USD	If yes, has Ex-Im Bank's written approval been obtained?		O Yes	O No
Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank has provided written approval)?       * Have all Exporters or Local Cost Providers been approved by Ex-Im Bank?       Yes       No         * Have all Exporters or Local Cost Providers been approved by Ex-Im Bank?       Yes       No         * Have all Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and attach the Exporter's statement or list the 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 request.		xcluded Goods and Services for which Ex-Im	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. 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 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 request: <u> </u>	Disbursement Date in accordance with the Facility Agreem		C Yes	C No
Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Régulations)? 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.         Please provide any additional comments you want to include with this request.         Image: Comment with the Disbursement request, please select a local file using the "Browse" button and click "Attach".         Image: Comment with the Disbursement request, please select a local file using the "Browse" button and click "Attach".         Image: Comment with the Disbursement request, please select a local file using the "Browse" button and click "Attach".         Image: Comment with the Disbursement request, please select a local file using the "Browse" button and click "Attach".         Image: Comment with the Disbursement request. Please enter invoice information for each Exporter or Local Cost Provider Invoice(s).         Attach         Exporter/Local Cost Provider below and use the "Add Invoice" button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s).         Attact Invoice is required         Product Description:         Gross/total invoice amount paid:       USD         Financed Amount (excluding Exposure Fee):       USD         U.S. Content Percentage from the Exporter's Certificate:       %	* Have all Exporters or Local Cost Providers been approved	by Ex-Im Bank?	C Yes	C No
request:	Services listed on the U.S. Munitions List (part 121 of Title identify the Exporter and attach the Exporter's statement o	22 of the Code of Federal Regulations)? If yes,	C Yes	C No
To attach a document with the Disbursement request, please select a local file using the "Browse" button and click "Attach".		th this	4	
Exporter/Local Cost Provider Invoice(s):         Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each         Exporter or Local Cost Provider below and use the "Add Invoice" button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s).         Exporter/Local Cost Provider:      Select One         NAICS Code:      Select One         Product Description:		-	and click "/	Attach".
Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter or Local Cost Provider below and use the "Add Invoice" button to associate the invoice(s) with the Request. Repeat this 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: USD Financed Amount (excluding Exposure Fee): USD Number of invoices: U.S. Content Percentage from the Exporter's Certificate:  At least 1  At least 1	Browse	Attach		
Gross/total invoice amount paid: USD	Invoice(s) financed by this Disbursement must be added to the Dis Exporter or Local Cost Provider below and use the "Add Invoice" process for each Exporter's or Local Cost Provider's invoice(s). Exporter/Local Cost Provider: NAICS Code:	button to associate the invoice(s) with the Request. At least 1 invoice is require	Repeat this	
Financed Amount (excluding Exposure Fee):       USD         Number of invoices:	rouge beaupton.			
Number of invoices:	Gross/total invoice amount paid:	USD		
U.S. Content Percentage from the Exporter's Certificate: % Add Invoice	Financed Amount (excluding Exposure Fee):	USD		
Add Invoice	Number of invoices:			
	U.S. Content Percentage from the Exporter's Certificate:	%		
No Invoice added.			Add Invoice	
	No Invoice added.			

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

- CGF Credit Guarantee Facility
- FC Foreign Currency

- USD US 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 – CGF Guarantee (US Cost) corresponds to CGF 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).



#### **CGF** Workflow

B. Data displayed with each disburseme		IL	ie	Чu	ie:	bu i		
				For		_		Comment
Data Element		A	В	С	D	Е	F	
TRANSACTION INFORMATION								
Transaction Number		Х						System populated - view only
Agreements/Transaction/Program Type		Х						System populated - view only
Operative Date		Х						System populated - view only
Final Disbursement Date								System populated - view only
Initial Eligibility Date								System populated - view only
Authorized Amount/Undisbursed (USD)	H	Х	х	х	х	х	х	System populated - view only
CONTACT INFORMATION	H							
Contact Dorcon		v	v	v	v	v	v	Default to individual entering the request
Contact Person		^	^	^	^	^	^	Default to individual entering
Telephone Number		v	v	v	v	v	v	the request
		^	^	^	^	^	^	Default to individual entering
Empil		v	v	v	v	v	v	the request
Email DISBURSEMENT INFORMATION	H	^	^	^	^	^	^	the request
Total amount of this request (USD)	H	х	х			х	х	
Total amount of this request (SD)	H	^	^	v	v	x		
Amount of Exposure Fee related to this request (USD)	H	х	х			×		
Exposure Fee Rate related to this request	H	x	x	_				System populated - view only
Date of Disbursement related to this request	H	x	x			×		System populated - view only
Date of Disbussement related to this request Date Exposure Fee was paid to Ex-Im Bank under this request	H	x	x		x			
	H	~	~	^	~	~	~	Available values include:
								2 years, 3 years, 4 years, 5
								years, 7 years and Other (with
Repayment Term related to this request		x	x	x	x	x	x	text box)
CERTIFICATIONS	H	~	~	~	~	~	~	
Is payment of the Facility Fee current?		х	Х	х	х	х	х	
Have all Conditions Precedent and Special Conditions to disbursement	h							
been met?		х	х	x	х	х	х	
Have all Disbursement Documents been received and are they all in	H							
compliance with the Facility Agreement?		х	х	x	х	х	х	
Has the Disbursement been calculated in accordance with the Facility	H							
Agreement?		х	х	x	х	х	х	
Are any of the Goods used equipment?		Х		х		х		
Are any of the Local Cost Goods used equipment?			х		х		х	
If yes, has Ex-Im Bank's written approval been obtained?		Х	х	х	х	х	х	
Does the Disbursement include any items on the list of Excluded Goods								
and Services for which Ex-Im Bank's written apropval has not been								
obtained?		х	х	х	х	х	х	
Are the dates that Goods and Services were shipped and/or provided								
earlier than 180 days prior to the Disbursement Date in accordance with								
the Facility Agreement (unless Ex-Im Bank has provided written approval)?		х		х		х		
Are the dates that Local Cost Goods and Services were shipped and/or								
provided earlier than 180 days prior to the Disbursement Date in								
accordance with the Facility Agreement (unless Ex-Im Bank has provided								
written approval)?			х		х		х	
Have all Exporters been approved by Ex-Im Bank?		х		х		х		
Have all Local Cost Providers been approved by Ex-Im Bank?			х		Х		х	
Has any Exporter provided a statement pursuant to its Exporter's								
Certificate describing Goods and/or Services listed on the U.S. Munitions								
List (part 121 of Title 22 of the Code of Federal Regulations)? If yes,								
identify the Exporter and attach the Exporter's statement or list the								
Good/Services and the U.S. Dollar amount of each in the comment box								
below?		Х		Х		Х		
Additional Comments Box		Х	Х	х	Х	Х	Х	
ATTACHMENTS								
Attachments Link		Х	Х	х	Х	Х	Х	
EXPORTER/LOCAL COST PROVIDER INVOICE(S)								
								Pre-populated based on
								approved list of exporter/local
Exporter/Local Cost Provider	H	Х		х				cost providers
NAICS Code		Х		х			Х	
Product Description				Х	Х			
Gross/total invoice amount paid (USD)		Х	Х	H		Х	Х	
Gross/total invoice amount paid (FC (i.e. EUR))	H			х	Х			
Financed Amount (excluding Exposure Fee) (USD)	H	Х	Х			Х	Х	
Financed Amount (excluding Exposure Fee) (FC (i.e. EUR))	H	~	×-	_	Х		×-	
Number of invoices	H	X	х		Х	_	Х	
U.S. Content Percentage from the Exporter's Certificate		Х	L	х		Х		l

# 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	ng all items.							Items	; per page: <u>10 25</u> <b>50</b> <u>100</u>
Transaction Number	Agreement	Transaction Type	Program Type \$	<u>Operative</u> <u>Date</u> ¢	Amount Authorized (USD)	Amount Undisbursed (USD)	Foreign Currency	Amount Authorized (FC)	Amount Undisbursed
08087682XX0001	MTG	CGF	US Cost Guarantee	01/09/2013	90,884.00	90,884.00	EUR	67,072.00	67,072.00

# III. Sample Disbursement Request Forms

Ex-Im Online					Last logged on at 2:	Password    68 PM EST or
Assisting Export Financing DEV Edition						
				WW	w.exim	Online Hom
			0001. Expires -1-1-1			
Disbursement - Submit		UND No. 1	COO, Espire recom			
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	de details on the requested Disburseme est" button. If you choose not to submit	t, comple the reque	te the st. press "Save"			
	eturns you to the previous screen.					
Fields marked with * are required. Transaction Information:						
Transaction Number: Agreement / Transaction / Program Type:	08522315XX0001 MTG / CGF / US Cost Guarantee					
Agreement / Transaction / Program Type: 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: * Exposure Fee Rate related to this request:	USD					
* Exposure Fee Rate related to this request: * 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)					
* Repayment Term related to this request:	C 2 years C 3 years					
	C 4 years					
	C 5 years C 7 years					
	Cother					
Certifications:						
* Is payment of the Facility Fee current?		C Yes	CNO			
* Have all Conditions Precedent and Special Conditions to disburs * Have all Disbursement Documents been received and are they all		C Yes	CNO			
Agreement?	in compliance with the Facility	CYes	CNO			
* Has the Disbursement been calculated in accordance with the Fi	acility Agreement?	C Yes	CNO			
* Are any of the Goods used equipment?		C Yes	CNO			
If yes, has Ex-Im Bank's written approval been obtained? * Does the Disbursement include any items on the list of Excluded	Goods and Services for which Ex-Im	C Yes C Yes	C NO C NO			
Bank's written approval has not been obtained? * Are the dates that Goods were shipped and/or Services provided Disbursement Date in accordance with the Facility Agreement (un	earlier than 180 days prior to the	⊂ yes	C NO			
approval)? * Have all Exporters been approved by Ex-Im Bank?		C Yes	CNO			
* Has any Exporter provided a statement pursuant to its Exporter's Services insted on the U.S. Munitons List (part 121 of Title 22 of thi 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		4				
request		-				
		2				
Attachments: To attach a document with the Disbursement request, please select		and click "	Attach".			
Browse						
Exporter/Local Cost Provider Invoice(s): Invoice(s) financed by this Disbursement must be added to the Disi Exporter or Local Cost Provider below and use the "Add Invoice"   process for each Exporter's or Local Cost Provider's invoice(s).	bursement Request. Please enter invoice button to associate the invoice(s) with th	e informatie e Request	on for each Repeat this			
Exporter/Local Cost Provider:	-Select One-					
NAICS Code: Product Description:		*				
Greenhotal impire amount paid:		<b>T</b>				
Gross/total invoice amount paid: Financed Amount (excluding Exposure Fee):	USD					
Number of invoices						
U.S. Content Percentage from the Exporter's Certificate:	16		Add Invoice			
No Invoice added.		-				
	Back Save	Sub	mit Request			
Paperwork Reduction Act:						
We estimate it will take you about 1 hour per response, that includes the time i form. However, you are not required to provide information requested unless a v subcestions recarding the above estimate or ways to simplify this form forward.	alid OMB control number is displayed on the fo	rm. If you he	ve comments or			
Repervork Reduction Project, OM8 No. 2000; Washington, D.C. 20503	Contraction of the second contract	and a second	and confer			

# A. Disbursement Request Form – CGF (US Cost)

Ex-Im Online Assisting Export Financing DEV Edution					Last logged on at 2:58 PM EST on Ja
DEV Lation					Ex-Im Online Home
				www	exim.gov
Disbursement - Submit		OMB No. 3	DOOK, Expines//		
To submit a Disbursement Request, please identify a contact, provi certifications, enter invoice information and click the "Submit Requ	de details on the requested Disbursemen est" button. If you choose not to submit	t, comple the reque	e the it, press "Save"		
so information can be retrieved at a later point. The "Back" button re	eturns you to the previous screen.				
Fields marked with * are required.					
Transaction Information:					
Transaction Number: Agreement / Transaction / Program Type:	08522315)00001 MTG / CGF / 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:	USD				
* Exposure Fee Rate related to 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)				
* Repayment Term related to this request.	C 2 years C 3 years				
	C 4 years				
	C 5 years				
	C 7 years				
	Caller 1				
Certifications:					
* Is payment of the Facility Fee current?		C Yes	C No		
* Have all Conditions Precedent and Special Conditions to disburse	ement been met?	C Yes	CNO		
* Have all Disbursement Documents been received and are they all	in compliance with the Facility	C Yes	CNO		
Agreement? * Has the Disbursement been calculated in accordance with the Fa	arility Agreement?	C Yes	CNO		
* Are any of the Local Cost Goods used equipment?	any Agreement	CYes	CNo		
If yes, has Ex-Im Bank's written approval been obtained?		C Yes	CNO		
* Does the Disbursement include any items on the list of Excluded	Goods and Services for which Ex-Im	CYes	CNO		
Bank's written approval has not been obtained? * Are the dates that Local Cost Goods were shipped and/or Service	as provided earlier than 180 days prior	e	C		
to the Disbursement Date in accordance with the Facility Agreeme	nt (unless Ex-Im Bank has provided	C Yes	C No		
written approval)? * Have all Local Cost Providers been approved by Ex-Im Bank?		C Yes	CNO		
		105			
Please provide any additional comments you want to include with this					
request					
	1	*			
Attachments: To attach a document with the Disbursement request, please select	a local file using the "Browse" button a	nd click "	Attach".		
Browne Alfa	ch				
	GAAN.				
Exporter/Local Cost Provider Invoice(s);					
Invoice(s) financed by this Disbursement must be added to the Dist	oursement Request. Please enter invoice	informatio	n for each		
Exporter or Local Cost Provider below and use the "Add Invoice" I process for each Exporter's or Local Cost Provider's invoice(s).	outton to associate the involce(s) with the	e Request	Repeat this		
Exporter/Local Cost Provider:	Select One	-			
Exporter/Local Cost Provider: NAICS Code:	- Select Oller	1			
Product Description		4			
Gross/total invoice amount paid:	USD				
Financed Amount (excluding Exposure Fee). Number of invoices:	USD				
Number of involces.	I		Add Invoice		
No Invoice added					
	Back Save	Sub	mit Request		
Paperwork Reduction Act: We estimate it will take you about 1 hour per response, that includes the time it	will take to read the instructions, gather the eac	masary ferr	and fill out the		
form. However, you are not required to provide information requested unless a v	alid OMB control number is displayed on the for	m If you ha	re comments or		
suggestions regarding the above estimate or ways to simplify this form, forward					

B. Disbursement Request Form – CGF (Local Cost)

Ex-Im Online							Last logged on at 2:68 PM EST on Jan 31,
Assisting Export Financing							
DEV Edition							
						www.	Ex-Im Online Home
			OMB No. )	000, Expires -/-/	_		
Disbursement - Submit							
To submit a Disbursement Request, please identify a contact, provid	de details on the reques	ted Disbursement	t, complet	e the			
certifications, enter invoice information and click the "Submit Requise information can be retrieved at a later point. The "Back" button re	est" button. If you choo eturns you to the previou	se not to submit t is screen.	the reque	t, press "Save			
Fields marked with * are required.							
Transaction Information:							
Transaction Number: Agreement / Transaction / Program Type:	08522315XX0001 MTG / CGF / 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 / 8,769,3	89.10					
Foreign Currency: Amount Authorized / Undisbursed (FC):	EUR 6.388.120.00 / 6.379.3	34.55					
	0,000,120.0010,010,0						
Contact Information: * Contact Person:	Mary Smith						
* Telephone Number:	202-555-1212						
* Email:	mary.smith@email.co	m					
Disbursement Information							
" Total amount of this request: " Amount of Exposure Fee related to this request:	EUR USD	/ USD					
* Exposure Fee Rate related to this request:	%						
* Date of Disbursement related to this request:		(mm/dd/yyyy)					
* Date Exposure Fee was paid to Ex-Im Bank under this request: * Repayment Term related to this request:	C 2 years	(mm/dd/yyyy)					
regulation rent tennes to the request.	C 3 years						
	C 4 years						
	C 5 years C 7 years						
	Cother						
Certifications:							
* Is payment of the Facility Fee current?			C Yes	C No			
* Have all Conditions Precedent and Special Conditions to disburse		100000	C Yes	C NO			
* Have all Disbursement Documents been received and are they all Agreement?	I in compliance with the	Facility	C Yes	C NO			
* Has the Disbursement been calculated in accordance with the Fa	cility Agreement?		C Yes	C NO			
* Are any of the Goods used equipment?			C Yes	C NO			
If yes, has Ex-Im Bank's written approval been obtained?			C Yes	( No			
* Does the Disbursement include any items on the list of Excluded Bank's written approval has not been obtained?	Goods and Services for	r which Ex-Im	CYes	CNO			
* Are the dates that Goods were shipped and/or Services provided Disbursement Date in accordance with the Facility Agreement (unl	earlier than 180 days pr	ior to the	C Yes	C No			
approval)?	ees ex in pars has be	And a minitely					
* Have all Exporters been approved by Ex-Im Bank?	Continue describing (	and a sudday	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	e Code of Federal Regu	lations)? If yes,	C Yes	CNO			
identify the Exporter and attach the Exporter's statement or list the amount of each in the comment box below.	Goods/Services and th	e U.S. Dollar					
Please provide any additional comments you want to include with this request							
			7				
Attachments:							
To attach a document with the Disbursement request, please select	t a local file using the "E	Browse" button a	nd click "	Attach".			
Browse Attai	ch						
Exporter/Local Cost Provider Invoice(s):							
Invoice(s) financed by this Disbursement must be added to the Disb Exporter or Local Cost Provider below and use the "Add Invoice" to	oursement Request. Pie outton to associate the i	ase enter invoice invoice(s) with the	Request	Repeat this			
process for each Exporter's or Local Cost Provider's invoice(s).							
Exporter/Local Cost Provider:	-Select One						
NAICS Code:		1	_				
Product Description:			1				
Gross/total invoice amount paid:	EUR	/USD					
Financed Amount (excluding Exposure Fee):	EUR	/USD					
Number of invoices:							
U.S. Content Percentage from the Exporter's Certificate	96			Add Invoice	r I		
			10	Add Invoice	1		
No Invoice added.							
	Back	Save	Sub	nit Request			
Paperwork Reduction Act: We estimate it will take you about 1 hour per response, that includes the time it	t will take to read the instruc	tions, gather the nec	ossary fact	and fill out the			
form. However, you are not required to provide information requested unless a w suggestions regarding the above estimate or ways to simplify this form, forward	and OMB control number is correspondence to Ex-Im B	ank and the Office of	m. If you ha Manageme	e comments or nt and Budget,			
Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.							

# C. Disbursement Request Form – CGF (US Cost Foreign Currency - Fixed)

D.	Disbursement Request Form – CGF (Local Cost Foreign Currency – Fix	(ed)	ļ
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Ex-Im Online					Last logged on at 2:58 PM EST on Jan
Assisting Export Financing DEV Edition					
2224 Dalima					Ex-Im Online Home
				W	ww.exim.gov
		OME No. 3	0000, Expires -/-/		
Disbursement - Submit To submit a Disbursement Request, please identify a contact, provi	de details on the convected Diskurgemen	t comple	to the		
to submit a Disoursement Request, prease identity a Contact, provide certifications, enter invoice information and click the "Submit Requise so information can be retrieved at a later point. The "Back" button re	est" button. If you choose not to submit 1	the reque	st, press "Save		
Fields marked with * are required.					
Transaction Information:					
Transaction Number:	08522315XX0001				
Agreement / Transaction / Program Type: Operative Date:	MTG / CGF / Local Cost 10/21/2012				
Final Disbursement Date:	9/19/2015				
Initial Eligibility Date:	9/19/2012				
Amount Authorized / Undisbursed (USD): Foreign Currency:	8,786,960.00 / 8,769,389.10 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: * Amount of Exposure Fee related to this request:	EUR /USD				
* Exposure Fee Rate related to 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)				
* Repayment Term related to this request:	C 2 years				
	C 3 years C 4 years				
	C 5 years				
	C 7 years				
	C Other				
Certifications:					
* Is payment of the Facility Fee current?		C Yes	CNO		
* Have all Conditions Precedent and Special Conditions to disburse	ement been met?	C Yes	CNO		
* Have all Disbursement Documents been received and are they all	in compliance with the Facility	C Yes	CNO		
Agreement?		C	CNO		
* Has the Disbursement been calculated in accordance with the Fa	icitity Agreement?	C Yes	CNO		
* Are any of the Local Cost Goods used equipment? If yes, has Ex-Im Bank's written approval been obtained?		Cyes	CNO		
* Does the Disbursement include any items on the list of Excluded	Goods and Services for which Ex-Im	CYes	CNO		
Bank's written approval has not been obtained?		. 105			
* Are the dates that Local Cost Goods were shipped and/or Service to the Disbursement Date in accordance with the Facility Agreeme		C Yes	CNO		
written approval)?					
* Have all Local Cost Providers been approved by Ex-Im Bank?		C Yes	CNO		
Please provide any additional comments you want to include with this request		-			
a da an					
	1.	_			
Attachments; To attach a document with the Disbursement request, please select	a local file using the "Browse" button a	nd click *	Attach"		
Browse	ch				
Exporter/Local Cost Provider Invoice(s):					
Invoice(s) financed by this Disbursement must be added to the Dist Exporter or Local Cost Provider below and use the "Add Invoice" I	oursement Request. Please enter invoice outton to associate the invoice(s) with the	Request	Repeat this		
process for each Exporter's or Local Cost Provider's invoice(s).					
Exporter/Local Cost Provider:	Select One				
NAICS Code:					
Product Description:		-			
Gross/total invoice amount paid:					
Financed Amount (excluding Exposure Fee):	EUR /USD				
Number of invoices:					
		1	Add Invoice		
No Invoice added.					
	Back Save	Sub	mit Request		
Paperwork Reduction Act: We estimate it will take you about 1 hour per response, that includes the time it					
form. However, you are not required to provide information requested unless a v suggestions regarding the above estimate or ways to simplify this form, forward	and UMB control number is displayed on the for correspondence to Ex-Im Bank and the Office of	m. If you ha f Managem	ve comments or ent and Budget,		
Papenwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.					

Ε.	Disbursement Request Form – CGF (US Cost Foreign Currency – Floating)
	Pole Adjustices 1 - Pattern - 1 - Andrette

Ex-Im Online Assisting Export Financing				Last logged on at 2.58 PM EST on Ja		
DEV Editors						
				ww	Ex-Im Online Home	
		OMB No. XX	OC, Expires -/-/			
Disbursement - Submit						
To submit a Disbursement Request, please identify a contact, provi certifications, enter invoice information and click the "Submit Requ	de details on the requested Disbursemer sest" button. If you choose not to submit	t, complete the request	e the t, press "Save"			
so information can be retrieved at a later point. The "Back" button i	eturns you to the previous screen.					
Fields marked with * are required.						
Transaction Information: Transaction Number:	08522315000001					
Agreement / Transaction / Program Type:	MTG / CGF / US Cost Guarantee					
Operative Date: Final Disbursement Date:	10/21/2012 9/19/2015					
Initial Eligibility Date:	9/19/2012					
Amount Authorized / Undisbursed (USD): Foreign Currency:	8,785,960.00 / 8,769,389.10 EUR					
Amount Authorized / Undisbursed (FC):	6,388,120.00/6,379,334.55					
Contact Information:						
" Contact Person:	Mary Smith					
* Telephone Number: * Email:	202-555-1212 mary.smith@email.com	_				
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:	5					
* 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)					
* Repayment Term related to this request	C 2 years					
	C 3 years C 4 years					
	C 5 years					
	C 7 years					
	COther					
Certifications:		-				
* Is payment of the Facility Fee current?		C Yes	C No			
* Have all Conditions Precedent and Special Conditions to disburs * Have all Disbursement Documents been received and are they al		C Yes	CNO			
Agreement?						
* Has the Disbursement been calculated in accordance with the F	acility Agreement?	CYes	CNO			
* Are any of the Goods used equipment?		C Yes	C No C No			
If yes, has Ex-Im Bank's written approval been obtained? * Does the Disbursement include any items on the list of Excluder	Goods and Services for which Ex-Im	CYes	CNO			
Bank's written approval has not been obtained? * Are the dates that Goods were shipped and/or Services provided	earlier than 180 days prior to the	CYes	CNo			
Disbursement Date in accordance with the Facility Agreement (un approval)?	less Ex-Im Bank has provided written					
* Have all Exporters been approved by Ex-Im Bank?		○ 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 th 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		-				
		-				
Attachments: To attach a document with the Disbursement request, please selec	t a local file using the "Browse" button a	nd click "A	ttach".			
Browse Atta	dt					
Exporter/Local Cost Provider Invoice(s):						
Invoice(s) financed by this Disbursement must be added to the Dis Exporter or Local Cost Provider below and use the "Add Invoice"	bursement Request. Please enter invoice button to associate the invoice(s) with the	information Request.	for each Repeat this			
process for each Exporter's or Local Cost Provider's invoice(s).						
Exporter/Local Cost Provider:	-Select One-	*				
NAICS Code:						
Product Description:		1				
Gross/total invoice amount paid:	USD /EUR					
Financed Amount (excluding Exposure Fee):	USD /EUR					
Number of invoices:						
U.S. Content Percentage from the Exporter's Certificate:	%					
		1	Add Invoice			
No Invoice added.						
	Back Save	Subm	hit Request			
Peperwork Reduction Act: We estimate it nill take you about 1 hour per response, that includes the time.	t will take to read the instructions, gather the ner	essary facts	and fill out the			
	alid OMB control number is displayed on the for	m. If you have	e comments or			

# F. Disbursement Request Form – CGF (Local Cost Foreign Currency - Floating)

Ex-Im Online			opged in as: super_user_sqt   <u>Nv Profile   Chance Password   Hein</u> Last logged on at 2.58 PM EST on Jan 1		
Assisting Export Financing DEV Edition					
				Ex-Im Online H	ome
				-	
Disbursement - Submit		OMB No. 3	0000, Expires//-	form	
				-	
To submit a Disbursement Request, please identify a contact, provi certifications, enter invoice information and click the "Submit Requ	Jest" 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	returns you to the previous screen.				
Fields marked with * are required.					
Transaction Information: Transaction Number:	08522315XX0001				
Transaction Number: Agreement / Transaction / Program Type:	MTG / CGF / 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				
Foreign Currency:	EUR				
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55				
Contact Information:					
* Contact Person: * Telephone Number:	Mary Smith 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:	%				
* Date of Disbursement related to this request:	(mm/dd/yyyy)				
* Date Exposure Fee was paid to Ex-Im Bank under this request: * Repayment Term related to this request:	(mm/dd/yyyy)				
	C 3 years				
	C 4 years				
	C 5 years C 7 years				
	Other				
Certifications:					
Commentations.					
* Is payment of the Facility Fee current?		CYes	CNO		
* Have all Conditions Precedent and Special Conditions to disburs		Yes	C NO		
* Have all Disbursement Documents been received and are they al Agreement?	I in compliance with the Facility	C Yes	CNO		
* Has the Disbursement been calculated in accordance with the F	acility Agreement?	CYes	CNO		
* Are any of the Local Cost Goods used equipment?		CYes	CNO		
If yes, has Ex-Im Bank's written approval been obtained?		C Yes	CNO		
* Does the Disbursement include any items on the list of Excluder	d Goods and Services for which Ex-Im	C Yes	C No		
Bank's written approval has not been obtained? * Are the dates that Local Cost Goods were shipped and/or Services provided earlier than 180 days prior to the Disbursement Date in accordance with the Facility Agreement (unless Ex-Im Bank has provided		C Yes	C No		
written approval)?		484000	1999.04		
* Have all Local Cost Providers been approved by Ex-Im Bank?		C Yes	( No		
Diseas asside new additional community we want to include with this		_			
Please provide any additional comments you want to include with this request.		-			
	1				
Attachments;					
To attach a document with the Disbursement request, please select	t a local file using the "Browse" button a	nd click "	'Attach".		
Browse Atta	ich				
Exporter/Local Cost Provider Invoice(s):					
Invoice(s) financed by this Disbursement must be added to the Dis Exporter or Local Cost Provider below and use the "Add Invoice"	bursement Request. Please enter invoice button to associate the invoice(s) with the	Request	Repeat this		
process for each Exporter's or Local Cost Provider's invoice(s).					
Exporter/Local Cost Provider:	Select One	*			
NAICS Code:					
Product Description:		-			
Gross/total invoice amount paid:		×			
Financed Amount (excluding Exposure Fee):	USD /EUR				
Number of invoices:	USD1 /EOK				
			Add Invoice	1	
		_			
No Invoice added.					
	Back Save	Sub	mit Request		
2 100 8 9					
Paperwork Reduction Act: We estimate it mill take you about 1 hour per response, that includes the time.	t will take to read the instructions, gather the ne				
We estimate it will take you about 1 hour per response, that includes the time form. However, you are not required to provide information requested unless a suggestions regarding the above estimate or ways to simplify this form, forward	t will take to read the instructions, gather the ne- valid OMB control number is displayed on the for	m. If you he	we comments or		
We estimate it will take you about 1 hour per response, that includes the time form. However, you are not required to provide information requested unless a s	t will take to read the instructions, gather the ne- valid OMB control number is displayed on the for	m. If you he	we comments or		