

EXPORT-IMPORT BANK OF THE UNITED STATES
APPLICATION FOR ISSUING BANK CREDIT LIMIT (IBCL)
UNDER BANK LETTER OF CREDIT POLICY

App. No. _____
 (Ex-Im Bank Use Only)

1. Applicant Bank: _____ Policy No.: _____ State: _____ Attn.: _____ Tel No.: _____ Fax No.: _____ E-Mail: _____	2. Broker (If none, state "None") Brokerage: _____ Broker No.: _____ Contact: _____ Tel No.: _____ Fax No.: _____ E-Mail: _____
---	--

3. Issuing Bank _____ File No. _____
 (Legal name, address, city, country) (Ex-Im Bank Use Only)

Date Issuing Bank was established: _____.

Review Ex-Im Bank's Short Term Credit Standards (EIB99-09) for Buyers: Financial Institutions for letter of credit transactions to determine eligibility of the Issuing Bank. If the Standards are not met, provide mitigating circumstances which will justify approval. Use additional attachments as necessary to answer the following questions or provide remarks about any relevant issues pertaining to this request.

4. Coverage option: Comprehensive or Political only

5. Please indicate the existing IBCL's issued to you on this issuing bank:

IBCL Amount	Endorsement No.	Final Presentation Date
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

6. Credit limit requested \$ _____

7. Details of letters of credit (L/Cs) you wish to insure (Please provide information for each L/C in space(s) below):

a. L/C Amount	\$ _____	\$ _____
b. L/C number (if available)	_____	_____
c. Payment terms (Please note whether it is a usance or refinanced L/C, as well as the tenor)	_____	_____
d. Products (describe)*	_____	_____
Are products listed on the United States Munitions List? (part 121 of Title 22 of the Code of Federal Regulations)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Expiry date of L/C	_____	_____
f. Importer name and address	_____	_____
g. Exporter name and address	_____	_____
h. Beneficiary name and address (if exporter is not the beneficiary)	_____	_____
i. Guarantor (if any)	_____	_____
j. Payment currency	_____	_____
k. Payment country	_____	_____

8. If the limit you have requested exceeds the amount of the L/C you wish to insure or if you have no L/C's to insure at this time, please state why this limit is being requested.

9. If your business with this issuing bank was previously done on an uninsured basis, why are you now requesting coverage?

* The Borrower, Guarantor, Buyer and End User must be foreign entities in countries for which Ex-Im is able to provide support, see Ex-Im's Country Limitation Schedule (CLS) at www.exim.gov. There may not be trade sanctions in force against them. For a list of products and countries with Anti-Dumping or Countervailing Duty sanctions see <http://205.197.120.60/oinv/sunset.nsf/AllDocID/96DAF5A6C0C5290985256A0A004DEE7D>. There may not be trade measures against them under Section 201 of the Trade Act of 1974, see <http://dockets.usitc.gov/eol/public/> click on 201.

10. Applicant's experience under *insured* transactions with the issuing bank:

a. Please provide details of your experience with this issuing bank under IBCL's issued to you. Outstandings should be broken down between amounts owing on insured transactions and bank commitments where documents have not yet been negotiated.

IBCL Amount	Amount Repaid	Amounts Outstanding		Total
		Under Bank Commitments	Under Insured Transaction	
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____

b. Payment Experience:

No prior experience Prompt/Discount 0-30 Days Slow 31-60 Days Slow More than 60 Days Slow

c. If payments have been made slow please explain reasons: _____.

d. Have any amounts been rescheduled? Yes No If yes, please provide details: _____.

e. If there are amounts past due please provide the following information:

IBCL Amount	L/C Amount	Amounts Past Due	Due Date
\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	_____

f. Since you last applied for coverage on this issuing bank, have any amounts under your existing IBCL's been fully paid by the issuing bank? Yes No If yes, please indicate endorsement numbers(s): _____.

11. Applicant's experience under *uninsured* transactions with the issuing bank:

a. Describe the type and size of any credit facilities you currently make available to the issuing bank. If you do not have an existing relationship with the issuing bank, please indicate here. _____

b. What has the use been of these facilities? _____

c. Has payment of principal and interest been made on the agreed terms? Yes No If no, please provide details. _____

d. Have you rescheduled any obligations of the issuing bank in the past two years? Yes No If yes, please indicate reasons for and terms of the rescheduling. _____

12. Is the issuing bank an affiliate of the applicant, as defined in the policy? Yes No If yes, please describe the relationship. _____

13. The following information is necessary in order for coverage to be considered on the issuing bank:

b. Rating: _____ Rating Agency: _____ Date: _____, **OR**

- b. 1. Please attach to this application your internal credit analysis on the issuing bank.
2. Attach audited financial statements (both Balance Sheet and Profit and Loss statements) for the past 3 years; including notes, as well as the latest interim financial statements. (If audited interim financials are not available, unaudited with notes may be submitted).
3. A bank reference (dated within 6 months of this application) from a U.S. correspondent bank. At a minimum, the checking should indicate if lines are secured and the type of facility offered.
4. Please provide the following background data on the issuing bank:
 - (a) Detailed description of the operations of the bank, and the structure of the bank (e.g., specialized lending institution, commercial bank or government bank). _____
 - (b) Date of the bank's establishment, number of branches and size of the bank in relation to other banks of its kind in the country. _____
5. List of shareholders and percent of ownership of those individuals or corporations owning at least 5% of the shares of the issuing bank. (If no person or entity owns more than 5%, please state.) _____

14. The applicant certifies that the representations made and the facts stated by it in the application for the said IBCL are true, to the best of its knowledge and belief, and that it has not misrepresented or omitted any material facts relevant to said representations. The applicant agrees that such representations and facts shall form the basis of and be incorporated in the IBCL, if issued and that the truth of such representations and facts contained herein shall be a condition precedent to any liability of Ex-Im Bank thereunder. The applicant understands that this certification is subject to the penalties for fraud provided in Article 18, United States Code, Section 1001..

By: _____
 (Authorized Sign ature) (Print name) (Title) (Date)