

Export-Import Bank of the United States

APPLICATION FOR MEDIUM-TERM INSURANCE, DIRECT LOAN 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 email a completed application to <u>exim.applications@exim.gov</u>. <i>Please note that applications must be a signed and dated PDF and include all required application attachments.*

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: <u>https://www.exim.gov/policies/us-flag-shipping-requirements</u>.

FINANCING TYPE REQUESTED

Product	□Loan Guarantee	□Sovereign	🗆 Public Non-sovereign	Private Sector
	MGA No. (if known):			
	□Finance Lease Guarantee	□Sovereign	Public Non-sovereign	Private Sector
	□Direct Loan	□Sovereign	🗆 Public Non-sovereign	Private Sector
	□Insurance	□Sovereign	🗆 Public Non-sovereign	Private Sector
Coverage Type	□Comprehensive Risk	Political Risk		
Conversion of a	Preliminary Commitment or a	Letter of Intere	est	
	□No □Yes The EXIM	reference numb	er is:	
Resubmission	□ Check if this is a resubmission	on of an applicat	ion that was previously deeme	ed incomplete or
	was withdrawn for other reaso	ons. The EXIM	reference number is:	
Renewal	□MTR (Medium-Term Repetitive	e Insurance Policy	y)	

PARTICIPANTS:

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

Applicant: The applicant may be any exporter, financial institution, supplier, the primary borrower, buyer or controlling sponsor associated with the transaction. Check if the applicant has been assisted by a city or state export agency and provide the name of the agency:

*Applicant Name: Tradestyle:		
*Business Address:		
*City:	*State:	*Zip/Postal Code: *Country:
Contact Person:		Position Title:
Phone:		Email:
Duns No	UEI No.1	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. 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., then you must <u>register</u> your entity. Visit <u>https://sam.gov/content/home</u> to see if your entity has a UEI No. or to register your entity. A UEI No. is required for the Applicant at time of application and is also required for the Borrower and Lender(s). *[NOTE: As the UEI No. process becomes fully clarified, EXIM's instructions will be updated accordingly and more information will be added to assist an Applicant and any other affected transactional parties with this process, but it was not ready prior to submission for OMB review.]*

			Ex	xpires 10/31/20
For an Applicant located in the	United States, ite	ems marked with a	n asterisk (*) are required fields.	
*Woman-owned business:	Yes 🗆	No 🗆	Decline to Answer \Box	
*Minority-owned business:	Yes 🗆	No 🗆	Decline to Answer \Box	
*Veteran-owned business:	Yes 🗆	No 🗆	Decline to Answer \Box	
*Disability-owned business:	Yes 🗆	No 🗆	Decline to Answer	
*Race (One or more boxes ma	ay be selected.):			
American Indian or Alaskan N	• •	Asian 🗆	Black or African American 🗆	
Native Hawaiian or Pacific Isl	ander □	White 🗆	Other	
*Ethnicity: Hispanic or Lat	ino 🗆	Not Hispanic	or Latino 🗆	
	orter is the application of the providers. For m	ant. Otherwise, concerning and the other o		
*Exporter Name:				
Tradestyle:				
*Business Address:				
*City:	*State:	*Zip/Pe	ostal Code: *Country:	
Contact Person:		Positic	n Title:	
Phone:		Email:		
Duns No		Тахра	yer ID No	
*Corporate Ownership:				<u> </u>
*Does the Exporter have any af	filiates ² ? Yes	No 🗌 *Prima	ry Industry NAICS ³ :	
*Total Number of Employees: _		* Annu	al Sales Volume:	
For an Exporter located in the L	Jnited States, iten	ns marked with an	asterisk (*) are required fields.	
*Woman-owned business:	Yes □	No 🗆	Decline to Answer	
*Minority-owned business:	Yes □	No 🗆	Decline to Answer \Box	
*Veteran-owned business:	Yes 🗆	No 🗆	Decline to Answer \Box	
*Disability-owned business:	Yes 🗆	No 🗆	Decline to Answer \Box	
*Race (One or more boxes may	/ be selected.):			
		Asian 🗆	Black or African American 🗆	
Native Hawaiian or Pacific Islar	ıder □	White 🗆	Other	
*Ethnicity: Hispanic or Lat	ino 🗆	Not Hispanic	or Latino 🗆	
How many years has the Eyner	ter been in comm	arcial aparationa?		

How many years has the Exporter been in commercial operations? _

Does the Exporter have experience with transactions of similar size, scope and complexity? Explain below:

² 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.

³ 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.S. company which manufactures the goods and/or performs the services to be exported. □ Check if the Supplier is also the Exporter. Otherwise, complete the information below for each exporter including any ancillary service providers. □ Check if the Supplier is not determined. If neither applies, attach the same information for the primary supplier as requested above for the Exporter.

Tradestyle:	*Supplier Name:					
*City: *State: *Zip/Postal Code: *Country: Contact Person: Position Title: Position Title: Phone: Email:						
*City: *State: *Zip/Postal Code: *Country: Contact Person: Position Title: Position Title: Phone: Email:	*Business Address:					
Phone: Email: Duns No. Taxpayer ID No. "Corporate Ownership: * "Does the Exporter have any affiliates?? Yes No *Primary Industry NAICS3; * "Total Number of Employees: * Annual Sales Volume: * Total Number of Employees: * Annual Sales Volume: * Does the Supplier have experience with transactions of similar size, scope and complexity? Explain below: * Does the Supplier located in the United States, items marked with an asterisk (*) are required fields. * "Woman-owned business: Yes No Decline to Answer "Minority-owned business: Yes No Decline to Answer "Veteran-owned business: Yes No Decline to Answer "Stability-owned business: Yes No Decline to Answer "Race (One or more boxes may be selected.): Arerican Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White Other * "Ethnicity: Hispanic or Latino Borrower or Lessee: The borrower is the entity that agrees to repay the loan. The lessee is the entity that agrees to lease the goods and services from the lessor and pay rent under a finance lease. Check if the borrower is the applicant. If not, complete the information below. "Borrower	*City:	*State:		_*Zip/Pos	stal Code:	*Country:
Phone: Email: Duns No. Taxpayer ID No. "Corporate Ownership: * "Does the Exporter have any affiliates?? Yes No *Primary Industry NAICS3; * "Total Number of Employees: * Annual Sales Volume: * Total Number of Employees: * Annual Sales Volume: * Does the Supplier have experience with transactions of similar size, scope and complexity? Explain below: * Does the Supplier located in the United States, items marked with an asterisk (*) are required fields. * "Woman-owned business: Yes No Decline to Answer "Minority-owned business: Yes No Decline to Answer "Veteran-owned business: Yes No Decline to Answer "Stability-owned business: Yes No Decline to Answer "Race (One or more boxes may be selected.): Arerican Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White Other * "Ethnicity: Hispanic or Latino Borrower or Lessee: The borrower is the entity that agrees to repay the loan. The lessee is the entity that agrees to lease the goods and services from the lessor and pay rent under a finance lease. Check if the borrower is the applicant. If not, complete the information below. "Borrower			Position Title:			
Duns No	Phone:					
*Does the Exporter have any affiliates?? Yes No *Primary Industry NAICS3:				Taxpaye	er ID No	
*Total Number of Employees: * Annual Sales Volume: How many years has the Supplier been in commercial operations? Does the Supplier have experience with transactions of similar size, scope and complexity? Explain below:	*Corporate Ownership:					
*Total Number of Employees: * Annual Sales Volume: How many years has the Supplier been in commercial operations? Does the Supplier have experience with transactions of similar size, scope and complexity? Explain below:	*Does the Exporter have any aff	iliates ² ? Yes [] No 🗌	*Primary	/ Industry NAICS	3.
How many years has the Supplier been in commercial operations? Does the Supplier have experience with transactions of similar size, scope and complexity? Explain below: Image: Supplier located in the United States, items marked with an asterisk (*) are required fields. *Woman-owned business: Yes Yes No Pecline to Answer *Winority-owned business: Yes Yes No Decline to Answer *Veteran-owned business: Yes Yes No Decline to Answer *Veteran-owned business: Yes Yes No Decline to Answer *Veteran-owned business: Yes No Decline to Answer *Disability-owned business: Yes No Decline to Answer *Thisability-owned business: Yes No Decline to Answer *Thisability-owned business: Yes No Decline to Answer *Thisability-owned business: Yes No Decline to Answer *Barrower or Lessee: The ontrower is the entity that agrees to repay the loan. The lessee is the entity that agrees to lease th go						
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*Woman-owned business: Yes No Decline to Answer *Minority-owned business: Yes No Decline to Answer *Veteran-owned business: Yes No Decline to Answer *Disability-owned business: Yes No Decline to Answer *To ability-owned business: Yes No Decline to Answer *To ability-owned business: Yes No Decline to Answer *To ability-owned business: Yes No Decline to Answer **Race (One or more boxes may be selected.): Asian Black or African American American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White Other **Ethnicity: Hispanic or Latino Not Hispanic or Latino Borrower or Lessee: The borrower is the entity that agrees to repay the loan. The lessee is the entity that agrees to lease the goods and services from the lessor and pay rent under a finance lease. Check if the borrower is the applicant. If not, complete the information below. *Borrower/Lessee Name: ** * Yzip/Postal Code: *Country: *Borrower/Lessee Name: * * Yzip/Postal Code: *						
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*Veteran-owned business: Yes No Decline to Answer *Disability-owned business: Yes No Decline to Answer *Race (One or more boxes may be selected.): Asian Black or African American American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White Other *Ethnicity: Hispanic or Latino Not Hispanic or Latino Borrower or Lessee: The borrower is the entity that agrees to repay the Ioan. The lessee is the entity that agrees to lease the goods and services from the lessor and pay rent under a finance lease. Check if the borrower is the applicant. If not, complete the information below. *Borrower/Lessee Name:	*Woman-owned business:	Yes □	No 🗆	l	Decline to Ar	nswer 🗆
*Disability-owned business: Yes I No I Decline to Answer I *Race (One or more boxes may be selected.): American Indian or Alaskan Native I Asian I Black or African American I Native Hawaiian or Pacific Islander White I Other	*Minority-owned business:	Yes □	No 🗆	l	Decline to Ar	nswer 🗆
*Race (One or more boxes may be selected.): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White Other	*Veteran-owned business:					
American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White Other	*Disability-owned business:	Yes □	No 🗆	l	Decline to Ar	nswer □
Native Hawaiian or Pacific Islander I White I Other	*Race (One or more boxes may	be selected.):				
*Ethnicity: Hispanic or Latino I Not Hispanic or Latino I Borrower or Lessee: The borrower is the entity that agrees to repay the loan. The lessee is the entity that agrees to lease the goods and services from the lessor and pay rent under a finance lease. I Check if the borrower is the applicant. If not, complete the information below. *Borrower/Lessee Name:*Business Address:*State:*Zip/Postal Code:*Country: *City:*State:Position Title: Phone: UEI No.1 Taxpayer ID No For a borrower located in the United States, items marked with an asterisk (*) are required fields. *Woman-owned business: Yes I No I Decline to Answer I *No Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I	American Indian or Alaskan Nati	ive 🗆	Asiar	า 🗆	Black or Afric	can American 🗆
Borrower or Lessee: The borrower is the entity that agrees to repay the loan. The lessee is the entity that agrees to lease the goods and services from the lessor and pay rent under a finance lease.	Native Hawaiian or Pacific Island	der □	White	e□	Other	
lease the goods and services from the lessor and pay rent under a finance lease. Check if the borrower is the applicant. If not, complete the information below. *Borrower/Lessee Name:	*Ethnicity: Hispanic or Lati	no 🗆	Not H	lispanic c	or Latino □	
*Business Address: *Zip/Postal Code: *Country: *City: *State: *Zip/Postal Code: *Country: Contact Person: Position Title:	lease the goods and services fro	om the lessor and p	-			
*Business Address: *Zip/Postal Code: *Country: *City: *State: *Zip/Postal Code: *Country: Contact Person: Position Title:	*Borrower/Lessee Name:					
*City: *State: *Zip/Postal Code: *Country: Contact Person: Position Title:						
Contact Person: Position Title: Phone: Email: Duns No. UEI No.1 Taxpayer ID No. Taxpayer ID No. For a borrower located in the United States, items marked with an asterisk (*) are required fields. *Woman-owned business: Yes I No I Decline to Answer I *Minority-owned business: Yes I No I Decline to Answer I *Veteran-owned business: Yes I						*Country:
Phone: Email: Duns No. UEI No.1 Taxpayer ID No. Taxpayer ID No. For a borrower located in the United States, items marked with an asterisk (*) are required fields. *Woman-owned business: Yes I No I Decline to Answer I *Minority-owned business: Yes I Yes I No I Decline to Answer I *Veteran-owned business: Yes I No I Decline to Answer I						
Duns No UEI No. ¹ Taxpayer ID No For a borrower located in the United States, items marked with an asterisk (*) are required fields. *Woman-owned business: Yes □ No □ Decline to Answer □ *Minority-owned business: Yes □ No □ Decline to Answer □ *Veteran-owned business: Yes □ No □ Decline to Answer □						
*Woman-owned business: Yes No Decline to Answer *Minority-owned business: Yes No Decline to Answer *Veteran-owned business: Yes No Decline to Answer						
*Woman-owned business: Yes No Decline to Answer *Minority-owned business: Yes No Decline to Answer *Veteran-owned business: Yes No Decline to Answer						
*Minority-owned business: Yes □ No □ Decline to Answer □ *Veteran-owned business: Yes □ No □ Decline to Answer □						
*Veteran-owned business: Yes I No I Decline to Answer I						
	*Veteran-owned business:					
	*Disability-owned business:	Yes □	No 🗆	l		

*Race (One or more boxes	may be selected.):				
American Indian or Alaskar		Asian 🗆		can American 🛛	
Native Hawaiian or Pacific	Islander 🗆	White 🗆	Other		<u> </u>
*Ethnicity: Hispanic o	r Latino 🗆	Not Hispanic o	or Latino 🗆		
Guarantor: The guaranto Refer to the Medium-Term situations personal or corpo Complete the information b Check to indicate: ☐ There ☐ Guarantor is a corporatio	Credit Standards (at <u>http</u> prate guarantors are requ below for each guarantor e is no guarantor on. Complete the informa	://www.exim.gov/f uired for medium- if a guarantor is Guarantor is ation below for ea	ools/credit-stand term transactions offered or require s an individual ch guarantor if a	l <mark>ards.cfm</mark>) to determine in s. d. □ Guarantor is a financia	what I institution
*Guarantor Name:					
*Business Address:					• · · · · · · · · · · · · · · · · · · ·
*City:	*State:				
Contact Person:		Position	Title:		
Phone:		Email: _			
Check if the buyer is also below. *Buyer Name:					
*Business Address:				*0	<u> </u>
*City:					
Contact Person: Phone:					
Primary Source of Repa EXIM's evaluation of reas □buyer or □guarantor or □ and one or more corporate comprise the combination:	onable assurance of re]business combination (payment. For thi e.g., the consolida	s transaction, in ated or combined	dicate whether the PSO I financial statement of the	R is: e buyer
ls the PSOR a financial in The risk category of the P Does the PSOR have a be	SOR: Sovereign □	Public Non-so No □	vereign □	Private 🗆	
If yes, indicate the name(s	s) of the rating agency,	rating, and the da	ate of rating:		

End-user. The end-user is the foreign entity that uses the U.S. goods and services. Check if the end-user is also the borrower or guarantor or buyer or PSOR. Otherwise, complete the information below.

*City:	*State:	*Zip/Postal Code:	*Country:
		Position Title:	
		Email:	
the company that extend	ls the EXIM guaranteed fina o the □applicant or otherwi	extends the EXIM guaranteed lo ince lease to the Lessee. If the a ise, complete the information be	application is for a guaranteed lo
*Lender/Lessor Name:			
*Business Address:			
*City:	*State:	*Zip/Postal Code:	*Country:
Contact Person:		Position Title:	
Duns No Agent. An agent is a bu has assisted in the sour	UEI No. ¹ usiness entity or individual, cing, packaging, and/or pre	MGA No.: usually located in the country of eparation of a request for support	the borrower or buyer, who rt from EXIM, and who will
Duns No Agent. An agent is a bu has assisted in the sour	UEI No. ¹ usiness entity or individual, cing, packaging, and/or pre some form for their services	MGA No.:	the borrower or buyer, who rt from EXIM, and who will
Duns No Agent. An agent is a bunch has assisted in the sour receive compensation in If yes, complete the infor *Agent's Name:	UEI No. ¹ usiness entity or individual, cing, packaging, and/or pre some form for their services mation below.	MGA No.: usually located in the country of eparation of a request for supports. Is an agent involved in the tra	the borrower or buyer, who rt from EXIM, and who will nsaction? □Yes □No
Duns No Agent. An agent is a bunch has assisted in the sour receive compensation in If yes, complete the infor *Agent's Name: *Business Address:	UEI No. ¹ usiness entity or individual, cing, packaging, and/or pre some form for their services mation below.	MGA No.: usually located in the country of eparation of a request for supports. Is an agent involved in the tra	the borrower or buyer, who rt from EXIM, and who will nsaction? □Yes □No
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Duns No Agent. An agent is a bunch has assisted in the sour receive compensation in If yes, complete the infor *Agent's Name:*Business Address:*City:Contact Person:	UEI No. ¹ usiness entity or individual, cing, packaging, and/or pre- some form for their services mation below.	MGA No.: usually located in the country of eparation of a request for suppor s. Is an agent involved in the tra *Zip/Postal Code: Position Title:	the borrower or buyer, who rt from EXIM, and who will nsaction? □Yes □No *Country:
Duns No Agent. An agent is a but has assisted in the sour receive compensation in If yes, complete the infor *Agent's Name: *Business Address: *City: Contact Person: Phone: Broker.	UEI No. ¹ usiness entity or individual, cing, packaging, and/or pre- some form for their services mation below. *State: ere is no broker	MGA No.: usually located in the country of eparation of a request for support s. Is an agent involved in the tra *Zip/Postal Code: Position Title: Email:	the borrower or buyer, who rt from EXIM, and who will nsaction? □Yes □No *Country:
Duns No Agent. An agent is a bunch has assisted in the sourd receive compensation in If yes, complete the infore *Agent's Name:* *Business Address:* *City: Contact Person: Phone: Broker. □ Check if the Broker Name: Contact Person:	UEI No. ¹ usiness entity or individual, cing, packaging, and/or pre- some form for their services mation below. *State: ere is no broker	MGA No.:	the borrower or buyer, who rt from EXIM, and who will nsaction? □Yes □No *Country:
Duns No Agent. An agent is a buchas assisted in the sour receive compensation in If yes, complete the infor *Agent's Name: *Business Address: *City: Contact Person: Phone: Broker.	UEI No. ¹ usiness entity or individual, cing, packaging, and/or pre- some form for their services mation below. *State: ere is no broker	MGA No.:	the borrower or buyer, who rt from EXIM, and who will nsaction? □Yes □No *Country:
Duns No Agent. An agent is a bunch has assisted in the sourd receive compensation in If yes, complete the infore *Agent's Name:* *Business Address:* *City: Contact Person: Phone: Broker. □ Check if the Broker Name: Contact Person:	UEI No. ¹ usiness entity or individual, cing, packaging, and/or pre- some form for their services mation below. *State: ere is no broker	MGA No.:	the borrower or buyer, who rt from EXIM, and who will nsaction? □Yes □No *Country:

- □ Structured Finance: *Required* Attachment G (Form EIB 95-10g): Credit Information. For more information: https://www.exim.gov/solutions/project-and-structured-finance/structured-finance-for-small-projects
- Co-financing with a Foreign Export Credit Agency: *Required* Attachment (Form EIB 11-04): Co-financing with Foreign Export Credit Agency. For more information: https://www.exim.gov/policies/co-financing
- Domestic Finance: *Required* Attachment I (Form EIB 22-05) and *Required* Attachment F (Form EIB 95-10f): Foreign and Domestic Project Finance.
- □ Foreign Dealer Support: **Required** Attachment C (Form EIB 22-03)
- □ Pre-Export Payment Questionnaire: *Required* Attachment J (Form EIB 22-02)
- Ancillary Service Fees: For more information: <u>https://www.exim.gov/what-we-do/loan-guarantee/ancillary-services</u>
- China and Transformational Exports Program: For more information: https://www.exim.gov/about/specialinitiatives/ctep

- Environmental Exports Program: For more information: <u>https://www.exim.gov/about/special-initiatives/environment</u>
- □ Finance Lease Structure: For more information: <u>https://www.exim.gov/what-we-do/loan-guarantee/transportation/finance-lease-structure</u>
- □ Foreign Currency Guarantee: For more information: <u>https://www.exim.gov/what-we-do/loan-guarantee/foreign-</u> <u>currency-guarantee</u>
- □ Local Cost Support: For more information: <u>https://www.exim.gov/policies/local-cost</u>
- □ Military/Security/Police: For more information: <u>https://www.exim.gov/policies/military</u> and <u>https://www.exim.gov/policies/security-forces-sales</u>
- Other:

TRANSACTION DESCRIPTION

Describe Goods and Services, which are proposed for the scope of supply. Include make, model, manufacturer/supplier, NAICS of goods and services, number of units, values, and estimated U.S. and foreign content.

Describe the purpose of the transaction. Address the following in the description: Will the goods be used to create or expand production capacity for an exportable product?

Are the goods and services destined for an identifiable project? If so, provide information on the total estimated project cost in US dollars. Also provide information as to other proposed sources of financing for the project, including working capital.

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.

CHINA AND TRANSFORMATIONAL EXPORTS PROGRAM (CTEP)

Check one or both applicable boxes, as appropriate, below if (a) the items to be exported from the U.S. face export subsidies from competing goods and/or services financed by the People's Republic of China (PRC) or by other countries (as designated by the U.S. Secretary of the Treasury)⁴; and/or (b) the export items qualify as one or more of the Transformational Export Areas designated by Congress, as necessary to advance the comparative leadership of the U.S. which include:

- Artificial Intelligence
- Biotechnology
- Biomedical sciences
- Quantum computing
- Renewable energy, energy efficiency, & energy storage
- Semiconductor and semiconductor machinery manufacturing

- Emerging financial technologies
- Water treatment and sanitation
- High-performance computing
- Associated services necessary for use of any of the foregoing exports
- Wireless communications equipment

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

- □ Face export subsidies for competing goods and/or services financed by the PRC or other covered countries
- □ Transformational Export Area

If either is checked, provide an explanation via attachment.

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.

Uses of Funds	(\$mm)	Sources of Funds	(\$mm)
	\$	EXIM Bank	\$
	\$		\$
	\$		\$
	\$		\$
	\$		
	\$	Total Senior Debt	\$
	\$		
	\$	Equity	\$
	\$		
Total Uses of Funds	Ś	Total Sources of Funds	Ś

Exposure Fee (Guarantee)/Premium (Insurance). Check one box.

- □ EXIM to finance the fee, which will be paid as the credit is drawn down.
- □ EXIM to finance the fee, which will be paid up front.
- □ EXIM will not finance the fee, and it will be paid as the credit is drawn down.
- EXIM will <u>not</u> finance the fee, and it will be paid up front.

Transaction Structure

Principal Repayment Term. (years). Unless otherwise requested, equal installments of principal will be repaid semi-annually beginning six months after the starting point. In the case of a finance lease, unless otherwise requested, rent will be calculated based on equal installments of principal, paid semi-annually beginning six months after the starting point.

Starting Point. The starting point is generally the event that marks the fulfillment of the exporter's contractual responsibility, except for project finance, when it occurs at the time the project meets all completion tests. (Check one box.)

- □ Shipment (single shipment)
- □ Final Shipment (multiple shipments)
- □ Mean Shipment (multiple shipments)
- □ Other

- □ Services Completion.
- □ Completion of Installation. Specify date:
- Project Completion. Specify date: ______

Shipment Period. Shipments will be completed and/or services will be performed from: ______(month/year) to ______ (month/year) excluding any acceptance, retention, or warranty period.

Promissory Notes/Lease Supplements. For transactions with multiple shipments. Indicate:

 $\hfill\square$ There will be one promissory note per shipment

□ Disbursements will be consolidated into one promissory note

□ There will be one lease supplement per shipment (Finance lease only)

Lease deliveries will be consolidated under one lease supplement (Finance lease only)

Interest rate. The interest rate to be charged on the guaranteed loan is:

REASON FOR REQUESTING EXIM SUPPORT

The basic rationale for EXIM support is that the export of U.S. goods and services needs financing but there are one or more obstacles to obtaining such financing. Please check all the boxes below that apply to this transaction, to the best of your knowledge. Please also check the appropriate box to indicate which factor is most important.

Export-credit competition.

Most Important?

Are any non-U.S. companies of	competing for this	is sale?	
Yes □	No 🗆	Don't Know 🗆	
If yes, please identity non-U.S			
	_	upport from any export credit agency for this sale?	
Yes □ If yes, please list the export c	No □ redit agency: _	Don't Know 🗆	
Structural constraints.		Most Important? □	
Is commercial financing for thi the borrower, industry, or coun		by bank requirements (such as maturity limits or capacity limits	on
Yes □	No 🗆	Don't Know 🗆	
If yes, are the relevant limits r	elated to risk or	r liquidity or both?	
Yes □	No 🗆	Other □	_
Risk constraints.		Most Important? 🛛	
Is commercial financing for the unable to accept the commercial	is sale limited b cial and/or polit	because providers of commercial financings are unwilling or tical risks of the borrower or the country?	
Yes □	No 🗆	Don't Know 🗆	
If yes, what risks are creating	the limitation?		
Yes □	No 🗆	Other □	_
China and Transformational B	Exports Progra	ım (CTEP). Most Important? □	
Are any Chinese companies con	npeting for this s	sale?	
Yes \Box If yes, please identity the Chin	No □ ese competitor:	Don't Know 🗆	
If yes, is the Chinese competitives \Box	tor receiving su No □	pport from any government financing agency for this sale? Don't Know □	
If yes, please list the agency:			_
Other.		Most Important?	
Is commercial financing for thi	s sale limited b	because of other considerations?	
Yes □	No 🗆	Don't Know 🗆	
If yes, please describe:			

CREDIT INFORMATION Complete Attachment A (Form EIB 22-06) Credit Information [weblink to be added]

OTHER INFORMATION AND CERTIFICATIONS

General Information. Be prepared to provide the following upon request:

 \Box Credit Agency report(s) on the borrowers and exporter(s).

- □ Annex A to the Master Guarantee Agreement (Guarantees only) at: <u>https://www.exim.gov/sites/default/files//forms/mtmgaannexes.pdf</u>
- Lender's mandate letter (required when applicant is a financial institution).
- Environmental Screening (Attachment B (Form EIB 95-10b): Environmental Screening Document).

Supply Contracts Between the Exporter and Buyer.

□Sales contract(s), pro forma invoice(s), or purchase order(s) and finance lease(s) evidencing the transaction between the exporter and buyer are attached.

□ The exporter(s) are not the manufacturers of the goods nor the producers of the services to be exported; the Sales contract(s), pro forma invoice(s), or purchase order(s) and finance lease(s) evidencing the transaction between the supplier(s) and exporter(s) are attached; AND the Sales contract(s), pro forma invoice(s), or purchase order(s) and finance lease(s) evidencing the transaction between the supplier(s) and buyer are attached.

Commitment Fee Agreement.

A commitment fee accrues starting 60 days after the authorization of a final commitment and is payable semiannually in arrears on a schedule determined at the time of authorization. The commitment fee is either:

1/8 of 1% per annum on the undisbursed and uncancelled balance of a guaranteed loan or

1/2 of 1% per annum for a direct loan.

Choose one of the options below regarding the payment of the commitment or facility fee:

- □ The applicant is the borrower or project sponsor, and by signing the application, is irrevocably committing to pay the commitment fee.
- □ The applicant is the guaranteed lender, and is (check one):
- □ signing the application which irrevocably commits it to pay the fee, or
- signing the application and enclosing with it an EXIM standard form fee letter signed by the borrower (at <u>https://www.exim.gov/sites/default/files//forms/mtmgaannexes.pdf</u>). This letter irrevocably commits the borrower to pay the fee.
- □ The applicant is the exporter, and is signing the application and enclosing with it an Ex-Im Bank standard form fee letter from the □borrower or □guaranteed lender (at <u>https://www.exim.gov/sites/default/files//forms/mtmgaannexes.pdf</u>). This letter irrevocably commits the borrower or guaranteed lender to pay the fee.

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</u> <u>Declaration/Disclosure</u>) and include a signed copy of the appropriate form(s) with your application

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 11-03): Used Equipment Questionnaire

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

Attachment G (Form EIB 95-10g): Credit Information

Attachment H (Form EIB 11-04): 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

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 https://www.exim.gov/tools-for-exporters/applications-forms/complete-list (the "Standard Certifications"). <u>THE STANDARD CERTIFICATIONS ARE INCORPORATED INTO THIS APPLICATION AS IF FULLY</u> <u>AND DIRECTLY SET FORTH HEREIN</u>. 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 <u>HE OR SHE HAS READ</u> the Standard Certifications referenced above <u>AND IS CERTIFYING</u> <u>AND COVENANTING</u>, 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 am the dι	uly appointed and qualified _	
		(Title)
ofand that as such I am author (Name of Applicant)	ized 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:		
By:	(Authorized Officer)	
Name:		
Title:		
Tel. #:		
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