



SECTION A - NAMES AND ADDRESS (please provide full names and addresses)

Guaranteed Lender Making Demand for Payment

Master Guarantee Agreement (MGA) No.: Ex-Im Bank Transaction No. (AP No.):

Name: Contact Name:

Address: Email:

City: State: Zip Code: Phone No.: Fax No.:

Country:

Current Holder of Original Note

Who is the current holder of the original note? Same as the Guaranteed Lender PEFCO

Borrower: Name:

Address: Contact:

City: State: Zip Code: Email:

Country: Phone No.: Fax No.:

First Guarantor: Name: Click here if not applicable: Not Applicable

Address: Contact:

City: State: Zip Code: Email:

Country: TAX ID / SSN No.: Phone No.: Fax No.:

Second Guarantor: Name: Click here if not applicable: Not Applicable

Address: Contact:

City: State: Zip Code: Email:

Country: TAX ID / SSN No.: Phone No.: Fax No.:

Note: If there are more than five guarantors for this transaction, please mail the name, address, and contact information on these additional guarantors to Ex-Im Bank along with the other required documentation at the following address:

Medium Term Claims | Asset Management Division
Export-Import Bank of the U.S.
811 Vermont Avenue, NW, Washington, DC 20571

To speed your claim, we recommend sending this via overnight mail.

SECTION B - GUARANTEE INFORMATION

What are the goods and/or services?	<input type="text"/>
What is the U.S. content percentage?	<input type="text"/>
What is the total contract price?	<input type="text"/>
What is the amount of the cash payment?	<input type="text"/>

SECTION C - CLAIM INFORMATION

When were the disbursements?

First Disbursement :	Fourth Disbursement :
<input type="text"/>	<input type="text"/>
Second Disbursement :	Fifth Disbursement :
<input type="text"/>	<input type="text"/>
Third Disbursement :	Sixth Disbursement :
<input type="text"/>	<input type="text"/>

What is the first default date?	<input type="text"/>
What is your claim filing deadline?	<input type="text"/>
What is the reason for the claim?	<input type="text"/>
Type of foreign buyer?	<input type="text"/>
Type of buyer's business?	<input type="text"/>

SECTION D - CERTIFICATIONS & DOCUMENTATION

Demand Letter to Borrower: Date of Demand Letter:	<input type="text"/>	<input type="checkbox"/> Have in possession	<input type="checkbox"/> Not required per MGA Sec8.02 (b)
Demand Letter to Guarantor(s): Date of Demand Letter:	<input type="text"/>	<input type="checkbox"/> Have in possession	<input type="checkbox"/> Not required per MGA Sec8.02 (b)
Lender Credit Agreement: Date of Agreement:	<input type="text"/>	<input type="checkbox"/> Have in possession	<input type="checkbox"/> Not required
Annex B: Annex B Date:	<input type="text"/>	<input type="checkbox"/> Have in possession	<input type="checkbox"/> Not required

Certifier is the Guaranteed Lender? YES NO

Name of Authorized Certifier: _____ Lender: _____

Address _____ Contact: _____

City _____ State _____ Zip Code _____ Email _____

Country _____ Phone No.: _____ Fax No.: _____

SECTION E1 - PROMISSORY NOTE ONE

Note Information

Check here if not applicable:

Have in Possession? Date of Promissory Note:	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequency of payments:
Total Principal Amount:	<input type="text"/>		Interest Rate: <input type="checkbox"/> Fixed <input type="checkbox"/> Floating
Number of Installments: Principal:	<input type="text"/>	Interest: <input type="text"/>	Rate - Method of Calculation: <input type="checkbox"/> 360/360 DAYS <input type="checkbox"/> 365/365 DAYS
First Due Dates: Date 1st Principal Due:	<input type="text"/>	Date 1st Interest Due: <input type="text"/>	Date Ordinary Interest Paid Through: <input type="text"/>

Installment Information

Installment Number(s)	Due Date(s) MM/DD/YYYY	Declining Outstanding Balance	Principal Due	Principal Paid	Outstanding Principal

Installment - Additional Comments:

SECTION E2 - PROMISSORY NOTE TWO

Check here if not applicable:

Note Information

Have in Possession? Date of Promissory Note: <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequency of payments:
Total Principal Amount: <input type="text"/>	Interest Rate: <input type="checkbox"/> Fixed <input type="checkbox"/> Floating	
Rate - Method of Calculation: <input type="checkbox"/> 360/360 DAYS <input type="checkbox"/> 365/365 DAYS		Date Ordinary Interest Paid Through: <input type="text"/>
Number of Installments: Principal: <input type="text"/> Interest: <input type="text"/>	Date 1st Principal Due: <input type="text"/> Date 1st Interest Due: <input type="text"/>	
First Due Dates:		

Installment Information

Installment Number(s)	Due Date(s) MM/DD/YYYY	Declining Outstanding Balance	Principal Due	Principal Paid	Outstanding Principal

Installment - Additional Comments:

SECTION F - CLAIM CALCULATION

Claim Payment (not including Post Maturity Interest)

a) Total face value of Note(s) from Section E1 through E2.	(+)	
b) Total borrower principal payment(s).	(-)	
c) Loss (not including interest)		
d) % of Guarantee Coverage	(%)	
e) Total Claim Payment (not including post maturity interest)		

SECTION G - WIRE INSTRUCTIONS

Routing Bank Name	
Recipient Bank Name	
ABA #	
Account Name	
Account #	
Attention:	
Borrower:	

Paperwork Reduction Act Statement

We estimate that it will take you about 1 and 1/2 hours per response, that includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB # 3048-0034, Washington, DC 20503.