EIB 12-02 MT CGF Disbursement Approval Request Disbursement Request Submission Screenshots (CGF) April 2019

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:

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:

* Telephone Number:

* Email:

Mary Smith

202-565-2200

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.

Certifications:			
s payment of the Facility Fee current?		C Yes	C No
* Have all Conditions Precedent and Special Conditions to	disbursement been met?	O Yes	○ No
* Have all Disbursement Documents been received and are Agreement?	they all in compliance with the Facility	C Yes	C No
* Has the Disbursement been calculated in accordance with	n the Facility Agreement?	○ Yes	○ No
* Are any of the Goods used equipment?		CYes	O No
If yes, has Ex-Im Bank's written approval been obtained?		© Yes	O No
* Does the Disbursement include any items on the list of E. Bank's written approval has not been obtained?	xcluded Goods and Services for which Ex-Im	C Yes	C No
* Are the Shipment Dates of the Goods and/or Services equiprior to the start date of each Consolidation Period?	ual to or less than one hundred eighty (180) da	ays C Yes	C Na
* Have all Exporters or Local Cost Providers been approved	by Ex-Im Bank?	○ Yes	C No
* Has any Exporter provided a statement pursuant to its Ex Services listed on the U.S. Munitions List (part 121 of Title identify the Exporter and attach the Exporter's statement or	porter's Certificate describing Goods and/or 22 of the Code of Federal Regulations)? If yes	○ Yes	O No
amount of each in the comment box below. Please provide any additional comments you want to include wirequest:		A	
Attachments: To attach a document with the Disbursement request, pleas	e select a local file using the "Browse" butto	n and click "/	Attach".
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" b process for each Exporter's or Local Cost Provider's invoice(s).		Repeat this	
Exporter/Local Cost Provider:	Select One		
NAICS Code:			
Product Description:	<u> </u>		
Gross/total invoice amount paid:	USD		
Financed Amount (excluding Exposure Fee):	USD		
Number of invoices:			
U.S. Content Percentage from the Exporter's Certificate:	96		
		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

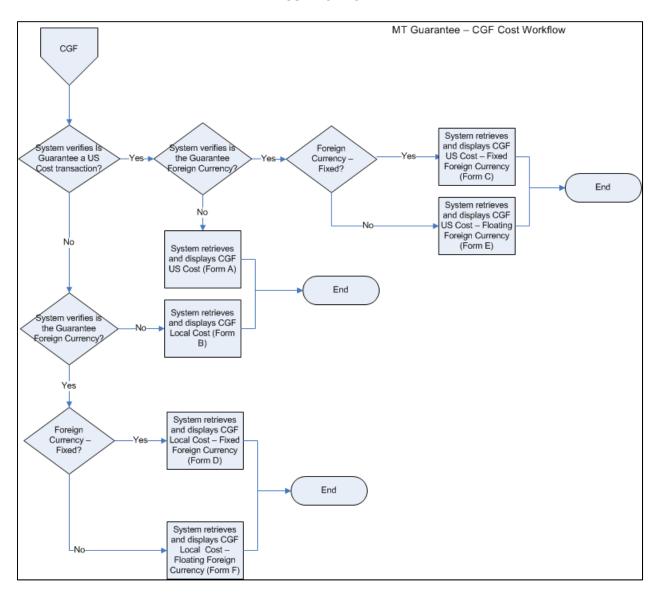
The following section provides workflow diagrams, which define the process that will lead the System to determine which form should be presented to the Lender. In order to better illustrate the data collected for each form, a matrix has been included to show the data elements captured for each variation 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

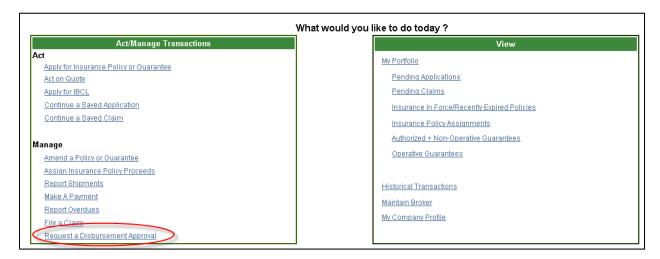


B. Data displayed with each disbursement request form

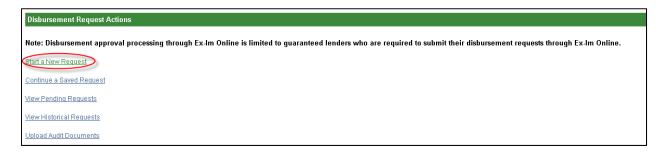
							1
	-	_		Forr	_	_	Comment
Data Element		Α	В	С	D	Ε	F
TRANSACTION INFORMATION							
Transaction Number			Х	Х	Х	Х	X System populated - view of
Agreements/Transaction/Program Type							X System populated - view of
Operative Date		Х	Х	Х	Х	Х	X System populated - view of
Final Disbursement Date		Х	Х	Х	х	Х	X System populated - view of
Initial Eligibility Date		Х	Х	Х	Х	Х	X System populated - view of
Authorized Amount/Undisbursed (USD)		Х	Х	Х	Х	Χ	X System populated - view of
CONTACT INFORMATION							
							Default to individual ente
Contact Person		х	x	x	x	х	X the request
Contact i cison	+			Ĥ	Ť	Ť	Default to individual ente
Telephone Number		v	v	v	v	v	X the request
Telephone Number	+	^	^	^	^	^	Default to individual ente
F!			.,			.,	
Email	-	^	Λ.	^	^	Λ.	X the request
DISBURSEMENT INFORMATION	+			-			
Total amount of this request (USD)	-	Х	Х	_		Х	
Total amount of this request (FC (i.e. EUR))				Х		Х	
Amount of Exposure Fee related to this request (USD)		Χ	Х	Х			
Exposure Fee Rate related to this request		Х	Х	Х	Х	Χ	X System populated - view of
Date of Disbursement related to this request		Х	Х	Х		Х	
Date Exposure Fee was paid to Ex-Im Bank under this request		Х	Х		Х		x
							Available values include:
							2 years, 3 years, 4 years, 5
							years, 7 years and Other (v
Dono. wo and Town solution to this so success		v		V		v	
Repayment Term related to this request		Х	Λ	^	^	Λ	X text box)
CERTIFICATIONS				_			
Is payment of the Facility Fee current?		Χ	Х	Х	Х	Х	X
Have all Conditions Precedent and Special Conditions to disbursement							
been met?		Х	Х	Х	Х	Х	X
Have all Disbursement Documents been received and are they all in							
compliance with the Facility Agreement?		х	х	х	х	х	x
Has the Disbursement been calculated in accordance with the Facility	т						
<u> </u>		v		V		v	V
Agreement?	+		Λ	Х	^		^
Are any of the Goods used equipment?		Χ		Х		Х	
Are any of the Local Cost Goods used equipment?			Х	_	Χ		X
If yes, has Ex-Im Bank's written approval been obtained?		Х	Х	Х	Х	Х	X
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	x
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							
accordance with the Facility Agreement (unless Ex-Im Bank has provided written approval)?			х		x		x
		х	х	X	x	X	x
written approval)?		Х	x	-	x x	Х	x
written approval)? Have all Exporters been approved by Ex-Im Bank? Have all Local Cost Providers been approved by Ex-Im Bank?		Х		-		Х	
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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.



III. Sample Disbursement Request Forms

A. Disbursement Request Form – CGF (US Cost)

Ex-Im Online Assisting Export Financing DEV Edition				Last logged on at 2:68 PM EST on Jan 31
DEA CONDON			V	Ex-Im Online Home
Disbursement - Submit		CME No. 3	OOOX, Expires -//	
o submit a Disbursement Request, please identify a contact, provi	de details on the requested Disbursemen	it, comple	te the	
ertifications, enter invoice information and click the "Submit Requ o information can be retrieved at a later point. The "Back" button r	est" button. If you choose not to submit etums you to the previous screen.	tne reque:	и, press "Save"	
ields marked with * are required.				
ransaction Information; ransaction Number:	08522315XX00001			
greement / Transaction / Program Type:	MTG / CGF / US Cost Guarantee			
perative Date: inal Disbursement Date:	10/21/2012 9/19/2015			
initial Eligibility Date: mount Authorized / Undisbursed (USD):	9/19/2012 8,786,960.00 / 8,769,389.10			
ontact Information:				
Contact Person:	Mary Smith			
Telephone Number: Email:	202-555-1212 mary.smith@email.com			
sisbursement Information				
Total amount of this request:	USD			
Amount of Exposure Fee related to this request: 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 4 years			
	C 7 years			
	Other			
ertifications:				
" Is payment of the Facility Fee current? " Have all Conditions Precedent and Special Conditions to disburs."	amout hose mot?	C Yes	C No	
Have all Disbursement Documents been received and are they all		CYes	CNo	
Agreement?	neith American	CYAS	CNo	
* Has the Disbursement been calculated in accordance with the Fit * Are any of the Goods used equipment?	icity Agreement?	CYes	CNo	
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? 'Are the dates that Goods were shipped and'or Services provided Disbursement Date in accordance with the Facility Agreement (unlessed and the Services).	earlier than 180 days prior to the less Ex-Im Bank has provided written	○ Yes	C No	
approval)? * Have all Exporters been approved by Ex-Im Bank?		CYes	CNO	
* Has any Exporter provided a statement pursuant to its Exporter's Senices listed on the U.S. Monition List (part 121 of Title 22 of the identity 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,	○ Yes	CNo	
tease provide any additional comments you want to include with this		4		
equest				
		<u>></u>		
.ttachments; o attach a document with the Disbursement request, please selec	t a local file using the "Browse" button :	and click "	Attach".	
Browse Atta	ch			
xporter/Local Cost Provider Invoice(s): noice(s) financed by this Disbursement must be added to the Disl	oursement Request. Please enter invoice	informatio	on for each	
exporter or Local Cost Provider below and use the "Add Invoice" rocess for each Exporter's or Local Cost Provider's invoice(s).	outton to associate the invoice(s) with th	e Kequest	Repeat this	
xporter/Local Cost Provider:	-Select One-	•		
IAICS Code: Product Description:		191		
		17		
Pross/total invoice amount paid:	USD			
inanced Amount (excluding Exposure Fee): lumber of invoices:	USD			
J.S. Content Percentage from the Exporter's Certificate:	%			
lo Invoice added.			Add Invoice	
	Back Save	Sub	mit Request	
aperwork Reduction Act: We estimate it will take you about 1 hour per response, that includes the time i	will take to read the instructions, gather the ne	cessary fact	s and fill out the	
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B. Disbursement Request Form – CGF (Local Cost)

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

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Disbursement - Submit					
o submit a Disbursement Request, please identify a contact, provi ertifications, enter invoice information and click the "Submit Requ o information can be retrieved at a later point. The "Back" button n	de details on the requested Disburser est" button. If you choose not to sub- eturns you to the previous screen.	nent, comple nit the reque	ite the st, press "Save	•"	
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Contact Person:	Mary Smith 202-555-1212				
Telephone Number: Email:	202-555-1212 mary.smith@email.com				
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* Have all Conditions Precedent and Special Conditions to disburse		CYes	C No		
* Have all Disbursement Documents been received and are they all Agreement?	in compliance with the Facility	C Yes	C No		
* Has the Disbursement been calculated in accordance with the Fa	cility Agreement?	Cyes	CNO		
Are any of the Goods used equipment?	amy representation	CYes	CNO		
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		CNo		
Bank's written approval has not been obtained?					
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xporter/Local Cost Provider Invoice(s): woice(s) financed by this Disbursement must be added to the Disbursporter or Local Cost Provider below and use the "Add Invoice" I rocess for each Exporter's or Local Cost Provider's invoice(s).	sursement Request. Please enter invo outton to associate the invoice(s) with	ice informati the Request	on for each t. Repeat this		
	[A-1-10				
Exporter/Local Cost Provider: IAICS Code:	-Select One	•			
Product Description:					
		-			
Gross/total invoice amount paid:	EUR /USD				
inanced Amount (excluding Exposure Fee):	EUR /USD				
lumber of invoices:					
J.S. Content Percentage from the Exporter's Certificate:	96				
		100	Add Invoice		
lo Invoice added.					
	Back Save	Sut	omit Request		
apenwork Reduction Act: le estimate it will take you about 1 hour per response, that includes the time i					

D. Disbursement Request Form – CGF (Local Cost Foreign Currency – Fixed)

Ex-Im <i>Online</i>						Last logged on at 2:58 PM ES	ST on Jan 3
Assisting Export Financing DEV Edition							
						Ex-Im Online	Home
				V	/ww.	exim.g) V
			0000, Expires//-				
Disbursement - Submit		CIMB NO. 2	JOOK, Expires 4444	i			
To submit a Disbursement Request, please identify a contact, provi	de details on the requested Disbursemer	it, comple	e the				
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 n	est" button. If you choose not to submit turns you to the previous screen.	the reque	t, press "Save"				
Fields marked with " are required.							
ransaction Information:							
Fransaction Number: Agreement / Transaction / Program Type:	08522315XX0001 MTG / CGF / Local Cost						
Operative Date: Final Disbursement Date:	10/21/2012 9/19/2015						
nitial 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: Telephone Number:	Mary Smith 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:	%						
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						
	C Other						
Certifications:							
* Is payment of the Facility Fee current?		CYes	CNo				
* Have all Conditions Precedent and Special Conditions to disburse * Have all Disbursement Documents been received and are they all		Cyes	C No				
Agreement?	in compliance with the Facility	C Yes	CNo				
* Has the Disbursement been calculated in accordance with the Fa	cility Agreement?	CYes	CNo				
* Are any of the Local Cost Goods used equipment? If yes, has Ex-Im Bank's written approval been obtained?		C Yes	C No				
* 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	s provided earlier than 180 days prior	CYes	CNo				
to the Disbursement Date in accordance with the Facility Agreeme written approval)?	nt (unless Ex-Im Bank has provided		A.274				
* Have all Local Cost Providers been approved by Ex-Im Bank?		C Yes	CNO				
	2						
Please provide any additional comments you want to include with this request:		-					
		9					
Attachments: To attach a document with the Disbursement request, please select	a local file using the "Browse" button a	and click "	Attach"				
Browse Atta							
50000							
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" is	ursement Request. Please enter invoice utton to associate the invoice(s) with the	information Request	n 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:							
		*					
Gross/total invoice amount paid:	EUR /USD						
Financed Amount (excluding Exposure Fee): Number of invoices:	EUR / USD						
		1	Add Invoice				
No Invoice added.							
	Back Save	0,4	mit Request	1			
	Data Save	Sub	rveduest	1			
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 ne-	cessary fact	s and fill out the				
orm. However, you are not required to provide information requested unless a vi							

E. Disbursement Request Form – CGF (US Cost Foreign Currency – Floating)



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

Ex-Im Online Assisting Export Financing DEV Edition							EST on Jan 3
D. S. T. DANIESE.						Ex-Im Onlin	ne Home
				V	/ww	.exim.e	OV
		OMB No. 3	0000, Expires -/-/				
Disbursement - Submit				1			
To submit a Disbursement Request, please identify a contact, provi	de details on the requested Disbursemen	t, comple	e the				
certifications, enter invoice information and click the "Submit Requiso information can be retrieved at a later point. The "Back" button r	eturns you to the previous screen.	tne reque	s, press Save				
Fields marked with " are required.							
Transaction Information:	08522315XX0001						
Agreement / Transaction / Program Type:	MTG / CGF / Local Cost						
Operative Date: Final Disbursement Date:	10/21/2012 9/19/2015						
nitial Eligibility Date: Amount Authorized / Undisbursed (USD);	9/19/2012 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:	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 / 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:							
* 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?	in compliance with the Facility	Cyes	CNo				
* Has the Disbursement been calculated in accordance with the Fa	cility Agreement?	CYes	CNo				
* Are any of the Local Cost Goods used equipment? If yes, has Ex-Im Bank's written approval been obtained?		C Yes	C No				
* 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.							
to the Disbursement Date in accordance with the Facility Agreeme written approval)?		CYes	CNo				
* Have all Local Cost Providers been approved by Ex-Im Bank?		Cyes	CNo				
Please provide any additional comments you want to include with this request:		-					
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Attachments: To attach a document with the Disbursement request, please select	a local file using the "Browse" button a	and click "	Attach"				
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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"	oursement Request. Please enter invoice outton to associate the invoice(s) with the	information Request	n 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:							
SANTANIA CONTRACTOR AND		-					
Gross/total invoice amount paid:	USD /EUR						
Financed Amount (excluding Exposure Fee): Number of invoices:	USD / EUR						
	L		Add Invoice				
No Invoice added.							
	Back Save	0,4	mit Request	ē.			
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