



Foreign Exchange Facility Guarantee (FXG) Claim Payment Application

Financial Institution Name and Address	Reference No. Amendment No.
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Customer Name and Address

Supporting documentation (please check and attach pertinent copies of documentation):	
01	<input type="checkbox"/> Copy of the Foreign Exchange Contract(s) and Foreign Exchange Facility
02	<input type="checkbox"/> Copies of all documentation establishing the amount due to the Financial Institution by the Customer under the Foreign Exchange Facility
03	<input type="checkbox"/> Copy of current Foreign Exchange contract listing(s), with mark to market positions, and all other relevant correspondence

Calculation of loss (please use FXG Currency)

04	Maximum Aggregate Liability under the FXG.	\$ <input type="text"/>
05	The aggregate amount that the Customer is required to pay to the Financial Institution pursuant to the mark to market loss on the Settlement Date(s) or on the Margin Call Date or the termination of the Foreign Exchange Facility.	\$ <input type="text"/>
06	Guaranteed Amount (loss), <u>lesser of 04 and 05</u>	\$ <input type="text"/>

Certification

I, _____ of _____
(Authorized Representative of the Financial Institution) (Financial Institution)

have examined the information included in this FXG Claim Payment Application and certify it to be accurate and complete. The Financial Institution certifies that it is not in breach of the terms and conditions of the FXG.

Authorized signature Date

Financial Institution's contact for EDC inquiries relating to information on this request:

Name (please print) Title Telephone Email

A Guide to Completing EDC's ***FXG Claim Payment Application***

The FXG Claim Payment Application is included with this Guide.

EDC strives to process FXG Claim Payment Applications within a reasonable timeframe. In order to begin a proper assessment of your request, we will require **all** of the supporting documentation outlined in the FXG Claim Payment Application that pertains to your request for payment. A definition of each of these documents is provided below. Incomplete documentation will delay assessment of your request.

Note that capitalized words not defined in the Application or this Guide have the meanings ascribed to them in the FXG.

Line-by-line instructions on how to complete the FXG Claim Payment Application

The Basics:

At the top of the FXG Claim Payment Application please indicate:

Financial Institution Name and Address:

State the full legal name and address of the Financial Institution.

Reference No. and if applicable the Amendment No:

Reference numbers found on the FXG Certificate.

Customer Name and Address:

State the full legal name of the Customer, as indicated in the FXG Certificate, and their address.

Supporting Documentation:

Check appropriate box and attach copies of each document specified in Boxes 01 to 05. Complete box 06 if applicable.

Box 01: *Copy of the Foreign Exchange Contract(s) and Foreign Exchange Facility:*

Attach a copy of the Foreign Exchange Contract(s) that the Customer did not honour and a copy of their facility, indicating terms and conditions of said facility

Box 02: *Copy of the documentation establishing the amount due to the Financial Institution by the Customer under the Foreign Exchange Foreign Exchange Facility:*

Attach a copy of all documents confirming the amounts due by the customer to the Financial Institution including the dates such amounts are due in order to comply with the *Request for Payment* section of the FXG General Terms & Conditions.

Box 03: *Copy of current Foreign Exchange contract listing(s), with mark to market positions, and any other relevant correspondence:*

Attach documents that provide full disclosure regarding individual mark-to-market positions, with overall net FX position indicated, i.e. net loss. Attach all other relevant correspondence with the Customer. Please note that EDC may request additional information and documentation during its review of the Claim Payment Application.

Calculation of Loss

Box 04: *Maximum Aggregate Liability under the FXG:*

The amount specified in the FXG Certificate under Maximum Aggregate Liability Section.

Box 05: *The aggregate amount that the Customer is required to pay to the Financial Institution pursuant to the mark to market loss on the settlement Date(s) or Margin Call Date or on the termination of the Foreign Exchange Facility:*

Payment required by Financial Institution on Settlement Date(s) for Foreign Exchange Contract(s) not honoured by the Customer or payments required by Financial Institution following an unmet Margin Call and or payments required on termination of the Foreign Exchange Facility.

Box 06: *Guaranteed Amount (loss), lesser of 04 and 05:*

The lesser value of Box 04 and 05, (please note that EDC's liability on all claims under the FXG will, in all cases, be limited by the stipulated Maximum Aggregate Liability of the FXG).

Certification

The final formality is to add the signature of the Financial Institution's authorized representative to the FXG Claim Payment Application.

Also, please provide the name, telephone number and email of the person in your organization who can respond to questions EDC may have regarding your FXG Claim Payment Application.

If you need more information, please contact:

Claims and Recoveries Group

By email: debtmanagement@edc.ca

Submit your completed FXG Claim Payment Application to:

By email: debtmanagement@edc.ca