

APPLICATION FORM

BUYER CREDIT

To the kind attention of SACE S.p.A.

Venezia – Mestre <input type="checkbox"/>	Modena <input type="checkbox"/>
Viale Ancona, 26 - 30172 Venezia - Mestre	Via Elsa Morante, 71 - 41100 Modena
Milano <input type="checkbox"/>	Roma <input type="checkbox"/>
Via A. De Togni, 2 - 20123 Milano	Piazza Poli, 37/42 - 00187 Roma

Applicant:

Address:

Contact person:

Telephone No.:

Fax No.:

E-mail¹:

Application for: |

- Irrevocable Promise of Guarantee	<input type="checkbox"/>
- Insurance Policy	<input type="checkbox"/>
- Financial Guarantee	<input type="checkbox"/>

IMPORTANT INFORMATION FOR THE COMPLETION OF THE FORM

Representations and/or information marked with a star () are only required in presence of transactions related to a specific contract and shall not be furnished in case of credit not tied to a commercial transaction. The Environmental Screening section must necessarily be completed, except in those cases in which repayment period of the credit does not exceed 24 months.*

The Applicant has the obligation to immediately notify any changes in the information furnished below.

By signing this Application Form, the Applicant and the Exporter acknowledge that they may not, in any communications or exchange of documents with SACE, rely on the issuance of an insurance cover or guarantee until SACE S.p.A. has provided written and final confirmation that its competent bodies have approved the insurance cover or guarantee. Furthermore, the Applicant and the Exporter acknowledge that, in addition to such approval, the issuance of an insurance cover or guarantee by SACE S.p.A. is subject to, inter alia: (i) delivery of documents in form and substance satisfactory to SACE S.p.A.; (ii) the positive conclusion of a due diligence process, including customary KYC/anti-bribery checks; and (iii) no material adverse change occurring in the political, economic and financial situation of the country relevant to the transaction.

The Applicant and the Exporter moreover acknowledge that SACE may rely on the information and representations received in order to consider the potential issuance of an insurance cover or guarantee. Thus, the Applicant and the Exporter warrant that all the information and representations provided in this Application Form or in the course of the preliminary analysis of the transaction are and shall be accurate, true and complete, and declare that they are aware of the legal consequences of misrepresentations and the provisions of the criminal code regarding fraud and

¹ Please note that SACE reserves the right to send communication and/or documents to the e-mail address indicated in the Declarations.

fraud by false representation.

The Applicant and the Exporter represent that they have received the document entitled “KNOW YOUR CUSTOMER: REPUTATIONAL INFORMATION”, the contents of which constitute an integral and substantial part of this Application Form.

1. PARTIES²	
a. i. APPLICANT BANK ³ (Corporate name, Address)	
ii. AGENT BANK ⁴ (Corporate name, Address)	
b. EXPORTER (*) (Corporate name, Address)	
c. BUYER (*) (Corporate name, Address)	
d. BORROWER (Corporate name, Address)	
e. GUARANTOR (Corporate name, Address)	
f. OTHER GUARANTEES OR FORMS OF SUPPORT FOR THE TRANSACTION	

2. COMMERCIAL CONTRACT⁵ (*)	
a. Description of the supply	<i>Indicate whether the contract falls within the scope of EU Regulation 692/2014 and EU Regulation 833/2014, as amended and supplemented.</i>
b. Amount of the supply	
c. Goods subject to export license ⁶ including “dual use” ⁷ cases	Yes/No <i>(If Yes, provide details regarding the type of licence and the competent authority which grants it. In the event that such licence has been granted, a certified true copy thereof must be attached to this Application)</i>
d. Goods subject to notification pursuant to EU Regulation 692/2014 and/or prior authorisation pursuant to EU Regulation 833/2014, as amended and supplemented	Yes/No <i>(If Yes, in relation to each exported good, provide details regarding the type of authorisation and the competent authority which grants it, pursuant to EU Regulation 692/2014 and EU Regulation 833/2014, as amended and supplemented. If the notification has been made or the authorisation has been granted, a conformed copy must be attached to this application form)</i>

² For each party, specify to which group it is a part of.

³ The financing institution under the Loan Agreement or, in the event of a syndicate of lenders, the lead manager/agent of the syndicate.

⁴ The bank, which upon specific mandate from the Applicant, on behalf of such Applicant and acting with the responsibility of an agent, makes the

disbursements and verifies that the documentation required for disbursement is in form and substance satisfactory.

⁵ The information requested relates to the export which is being financed; if there are more than one supply, please provide details for each such supply.

In the event the contract has not yet been executed, please specify whether authorisation to continue commercial negotiations has been granted.

⁷ Goods listed in Annex I of EU Regulation No. 428/2009 and in Article 2 of EU Regulation No. 833/2014

e. Description on supply components ⁸	DESCRIPTION	CURRENCY & AMOUNT	% out of total
i. Italian content			
ii. Non Italian content (specify if of EU origin, extra EU origin or local costs)			
f. Date of execution of the Commercial Contract			
g. Amount disbursed abroad in relation to the execution of the contract:			
i. Agency fees			
ii. Brokerage fees			
iii. Other (please specify)			
h. Date entry into force of the Commercial Contract			
i. How was the Contract awarded (international tender ⁹ , short-list tender ¹⁰ , private negotiations, if other specify)			
j. Type of Contract (supply of goods, turn-key, etc.)			
k. Delivery terms (Incoterms)			
l. Payment Terms (advance payment – against shipping documents - invoices - during pre-shipment - performance test - provisional acceptance - performance warranty deductions – milestone payments - if other, specify)	METHOD OF PAYMENT	AMOUNT	% out of total
m. Terms for the execution of the supply (Studies and Design/Engineering – Shipping – Works –Assembly - Testing – Provisional-Acceptance - Final Acceptance – Guarantee - if other, specify)	TYPE OF SERVICE	START DATE (dd/mm/yyyy)	COMPLETION (dd/mm/yyyy) DURATION (months)

3. LOAN AGREEMENT

a. Amount (specify currency and applicable exchange rate ¹¹)	
b. Purpose / scope	
c. Execution date	
d. “Use of Proceeds Clause”. (funds	Yes/No

⁸ For purposes of calculating the impact of the EU content portion, the non-EU content portion and the local content portion on the Contract price, the

aggregate purchase price paid by the Exporter is to be taken into account. Any counter-value conversion into the currency of the Italian exporter’s supply

shall be calculated applying the exchange rate in force 2 days prior to the execution date of the commercial contract. The sum of portions specified in

sections 2d.i and 2dii must equal 100% of the Contract value.

⁹ International tender: tender carried out in compliance with the principles of publicity, equal status of the bidders and the procedure provided for by EU Directives 92/50, 93/36 and 93/37 of the European Union.

¹⁰ Short-list tender: limited procedure in which the Entity awarding the contract selects bidders at its discretion.

¹¹ To be specified in the event that the currency of the loan is different from that of the commercial contract.

financed are to be used to pay the contract signed with the Exporter)	
e. Anti-bribery clause containing obligations of the Borrower/Guarantor to pre-pay the loan and indemnify any damages in the event the Borrower/Guarantor is responsible of bribery offences.	
f. Date of entry into force	
g. Availability period	
h. First (expected) Drawdown Date	
i. Credit interest rate (%) (fixed or floating and eventual margin)	
j. Reimbursement schedule	<i>(fill the attached Disbursement and Reimbursement Schedule)</i>

4. GUARANTEES

a. Guarantee over the loan	
- portion guaranteed ¹² (%)	
- type of guarantee (Letter of guarantee, other)	
- Requirements (unconditional, irrevocable, first demand)	
- Methods for the resolution of disputes (applicable law, seat in the event of arbitration, competent jurisdiction if ordinary courts)	
b. Collateral / Other Security	Yes/No <i>(If Yes, describe type, characteristics and methods of enforcement)</i>

¹² In the event of more than one guarantor, please specify whether joint and several or otherwise.

5. FURTHER INFORMATION FOR THE ASSESSMENT OF THE RISK

a. Remuneration of the transaction ¹³ : Commissions and Fees paid by the Borrower and/or the Exporter(*) (%) (Arrangement-Management-Commitment-Agency- if other, specify)	TYPE	% or AMOUNT	BORROWER/EXPORTER(*)
b. Syndication	Yes/No (If Yes, list participant banks, their registered office and the respective participation amounts)		
c. Uncovered portion to be borne by the Applicant ¹⁴	Yes/No (If Yes, specify whether wholly or partially; if No, specify any counter-guarantees as per the following scheme)		
	POLITICAL EGL	COMMERCIAL EGL	TYPE
- exporter			
- third party (specify)			
d. Other information	Provide any additional information, even if not required in this form, which may be useful for the overall evaluation the transaction and the assessment of the risk profile.		
e. EGL ¹⁵ for which cover is being applied for ¹⁶			
- private entity	<input type="checkbox"/> - only commercial EGL <input type="checkbox"/> - only political EGL <input type="checkbox"/> - commercial and political EGL		
- sovereign entity	<input type="checkbox"/> - commercial and political EGL		
f. SACE S.p.A. Remuneration: - method of payment	<input type="checkbox"/> 100% at the time of execution of the Policy/Guarantee <input type="checkbox"/> 15% at the time of execution of the Policy/Guarantee and 85% upon first disbursement <input type="checkbox"/> 15% at the time of execution of the Policy/Guarantee and 85% pro-quota disbursements <input type="checkbox"/> 15% at the time of execution of the Policy/Guarantee and 85% as part of interest paid by the borrower <input type="checkbox"/> 100% as part of interest paid by the borrower		
- paid by:	<input type="checkbox"/> Borrower <input type="checkbox"/> Insured Party <input type="checkbox"/> Exporter <input type="checkbox"/> other:		
g. Election of domicile (Process Agent) ¹⁷ (this section is mandatory when Applicant is a bank which is not resident in Italy)	Please specify the address of the domiciled office		

¹³ Specify fees applied to the transaction and party(ies) paying such fees

¹⁴ To be filled only for Insurance Policy application

¹⁵ Event Generating Loss (EGL)

¹⁶ To be filled only for Insurance Policy application.

¹⁷ Please list the domiciled persons, authorised to receive any communications or notifications, including judicial documents from SACE relating to the transaction described in this Form.

6. ENVIRONMENTAL SCREENING	
a. Description of the Project where supplies are destined (Project means the production facility or infrastructure where the supply will be used)	
b. Details of the Project where supplies are destined	Country: Location: <input type="checkbox"/> Project exists and is operating <input type="checkbox"/> New Project or Project under construction (Greenfield) Production capacity is: Variation of production capacity is (in case of existing project):
c. Description of the Project site	
d. Specify: - Industrial Area - Presence within a 5km radius from project site of: protected areas, humid areas, woodlands, archaeological or cultural sites, sacred places, indigenous population or ethnic minorities, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
e. The Project implies: - expropriation of lands - resettlement of houses / villages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Availability of Environmental Assessments (specify and/or attach)	
g. Participation of Simest	<input type="checkbox"/> Expected <input type="checkbox"/> Not expected
h. Participation of other ECAs (if Yes, indicate which)	

PARTIES INFORMATION

1. APPLICANT BANK

Specify if: ☐ Foreign Bank ☐ Italian Bank

Corporate name:
 Corporate form:
 Legal Address:
 Zip Code: City: Country:
 Administrative offices address (if different):
 Zip Code: City: Country:
 (1) VAT Code or equivalent information: *Codice Fiscale:*
 ABI/ABA: CAB: Date of incorporation:
 (2) SWIFT Code:

Person in charge of relations with SACE¹⁸:
 Name:
 Address:
 Zip code: City: Country:
 Telephone N°: Fax N°: E-mail: |

(1) Compulsory information.

(2) Compulsory information for foreign Applicant Bank.

2. BORROWER¹⁹

Corporate name:
 Corporate form: Date of incorporation:
 Legal Address:
 Zip Code: City: Country:
 Telephone N°: Fax N°: E-mail:
 Web Site:
 Administrative offices address (if different):
 Zip Code: City: Country:
 SWIFT Code (if bank): |

3. BUYER²⁰

Corporate name:
 Corporate form:
 Legal Address:
 Zip Code: City: Country:
 Telephone N°: Fax N°: E-mail:
 Web Site:
 Administrative offices address (if different):
 Zip Code: City: Country: |

¹⁸ Indicate address where all notifications from SACE shall be sent, specifying the corporate name only if different from that of the “Applicant Bank” and/or the “Italian Exporter” (*).

¹⁹ In the event of more than one buyer, borrower and/or guarantor, fill out the relevant camps for each of these.

²⁰ Fill out only if different from the Borrower.

4. GUARANTOR

Corporate name:
 Corporate form: Date of Incorporation:
 Legal Address:
 Zip Code: City: Country:
 Telephone N°: Fax N°: E-mail:
 Web Site:
 Administrative offices address (if different):
 Zip Code: City: Country:
 SWIFT Code (if bank):

5. ITALIAN EXPORTER²¹ (*)

Corporate name:
 Corporate form: Date of Incorporation:
 Province and CCIAA number:
 Legal Address:
 Zip Code: City: Country:
 Administrative offices address (if different):
 Zip Code: City: Country:
 Operative offices address (if different):
 Zip Code: City: Country:
 Partita IVA/VAT Code: Codice Fiscale: Web Site:
 ATECO Azienda Code: SME: ☐ YES ☐ NO
 Oggetto sociale:
 Reference Banks:

Person in charge of relations with SACE:

Name:
 Address:
 Zip code: City: Country:
 Telephone N°: Fax N°: E-mail:
 Name of Consortium/RTI²²:
 Address: City: Country:
 List of participants: quota %

²¹ In the event of more than one exporter or of a Consortium or *Raggruppamento Temporaneo di Imprese* (RTI) fill out the relevant camps for each Italian entity.

²² To be filled out only in presence of a Consortium or a *Raggruppamento Temporaneo di Imprese* (RTI).