

APPLICATION FOR MASTER ACCOUNTS RECEIVABLE GUARANTEE (MARG) COVERAGE

To: Export Development Canada
 Attention: Small Business Development Group
 Fax No. 613-598-3825

1. Bank

Branch: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Tel.: _____ Fax: _____
 Contact name: _____
 Transit Number: _____

2. Exporter

Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Tel.: _____ Fax: _____
 Contact name: _____
 Exporter industry: _____
 Fiscal year end: _____
 Total annual sales: _____
 Export sales as a % of total: _____

3.

MARG Line of Credit (Amount)	Margining level (%)	Operating Line of Credit in addition to MARG line (Currency & amount)	Margining level (%)	Financial Institution Risk Rating

4. Exporter has completed Schedule "D" (Declaration and Consent) Yes No
 5. Is this a renewal application? Yes No
 6. Is this an amendment? Yes No

 Authorized signature

 Title

 Name (please print)

 Date