**REQUEST FOR THE ISSUE OF THE ADVANCE PAYMENT GUARANTEE**

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| The Borrower | | | | |
| Name and address as stated in APR |  | | | |
| Number of current account with Raiffeisen bank a.d. | | | 265 – | |
| Contact person |  | | | |
| Telephone number |  | | | |
| Tax Identification Number |  | | | |
| Registry Number |  | | | |
| E-mail |  | | | |
| Form of Guarantee | | | | |
| Type of issuance (please state requested from Guarantee/Letter of Intent) | Choose | | | |
| Fees of intermediary bank are to be paid by | Choose | | | |
| Wording of Guarantee | Choose | | | |
| Type of Guarantee | | | | |
| Company name and address as stated in APR |  | | | |
| Postal code, City, State |  | | | |
| Foreign advising Bank of the Beneficiary |  | | | |
| SWIFT Code of Advising Bank |  | | | |
| Information on advising Banks if Raiffeisen bank issues a counter-guarantee |  | | | |
| *The following 3 fields are to be filled in just for paper forms and if Beneficiary is a domestic legal entity* | | | | |
| Registry Number |  | | | |
| Tax Identification |  | | | |
| Number of current account of the Beneficiary |  | | | |
| Instructions for Issuance | | | | |
| The language in which the guarantee is issued | | Serbian  English | | |
| Currency | | RSD  EUR EUR with fcy clause  Other | | |
| Exchange rate for amount with currency clause in EUR/other | | Choose Name of the bank | | |
| Amount of guarantee | |  | | |
| Amount includes VAT | | Yes  No | | |
| Percentage of value of the Contract/Offer on which the Guarantee/Letter of Intent is to be issued | | **%** | | |
| Tenor of the Guarantee | | Choose date | | |
| Number of contract with the bank under which the guarantee is issued | | | |  |
| Details on Business based which the Guarantee | | | | |
| Number of commercial contract (from the registry stamp of the Borrower) | |  | | |
| Number of binding LoI which which is connected to Guarantee which is being issued | |  | | |
| Method of performance of business | | Choose | | |
| Members of Consortium (to be filled in case of participation in Consortium) | |  | | |
| Hereby I confirm that the advance payment by the Borrower will be paid in favour of our account number | |  | | |
| *The following 4 fields are to be filled in just for received but not repaid advance payment* | | | | |
| Amount, currency,date of advance payment and name of the Bank where the advance payment has been paid | |  | | |
| Documentation to be added to this request (copies):  Agreement on all annexes  Specifications and attachments to the Contract  Letters and statements of the Principal / Beneficiary (in case of missing information on the advance in the Contract  Extract from your account as proof of payment of the advance if the advance is not paid by Raiffeisen bank a.d  Pre-payment (if applicable)  Certain temporary situations  Consortium agreement (if it is not an independent performance)  The text of the guarantee if it is a given form of the User | | | | |
| Notes: | | | | |

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| Stapm and signature of the authorized person to represent the APR (sign in accordance with the OP form) |  | Date and place |