**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 |