



CONTRACT INSURANCE AND BONDING (CIB) CUSTOMER PROFILE AND CONSENT

| 1 CUSTOMER INFORMATION (the applicant) | | | |
|---|--|----------------------------|---|
| Legal Name of Customer: | | | |
| Trade Name: | | | |
| Address: <i>(Street, City, Province, Country and Postal Code)</i> | | Website: | |
| 2 CONTACT INFORMATION | | | |
| Contact Name: | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. | Title: | |
| Telephone: | | Fax: | |
| | | Email: | |
| 3 YOUR BUSINESS | | | |
| Legal Status: | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> Other: | | |
| Place of Incorporation/Registration: | <input type="checkbox"/> Canada <input type="checkbox"/> Other, please specify: | | |
| Date Established: | <i>(dd/mm/yyyy)</i> | Number of Employees: | |
| Type of Business: | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Services <input type="checkbox"/> Wholesaler <input type="checkbox"/> Trading House <input type="checkbox"/> Contractor <input type="checkbox"/> Other | | |
| Description of Operations: | | | |
| If your company has any affiliated companies, please provide an organizational chart with ownership information. <input type="checkbox"/> Attached | | | |
| Has your company or any affiliated companies, past or present, ever filed for bankruptcy? | | | <input type="checkbox"/> No <input type="checkbox"/> Yes, in (year) |
| Largest contract performed to-date: | <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: | Amount: | |
| Average contract size: | <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: | Amount: | |
| Average contract duration: | months | Longest contract duration: | months |
| 4 YOUR FOREIGN BUSINESS (on a consolidated basis) | | | |
| Export Destinations and Experience: | <input type="checkbox"/> USA <input type="checkbox"/> Others: | Years Exporting: | Years Exporting: |
| Do you have a strategy to maintain or increase your Foreign Business Sales ¹ ? | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Most Recent Consolidated Year-End ² Total Sales: | <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: | Amount: | |
| Most Recent Consolidated Year-End Foreign Business Sales ¹ : | <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: | Amount: | |
| Projected Consolidated Year-End Total Sales: | <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: | Amount: | |
| Projected Consolidated Year-End Foreign Business Sales ¹ : | <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: | Amount: | |
| Has your company exported goods/services in the 2 years preceding the last 12 months? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Estimated 12 Months Projected Value of Canadian Exports? <i>(Goods of Canadian origin or manufacture, and/or services provided by Canadians)</i> | <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: | Amount: | |

¹ "Foreign Business Sales includes the following: (i) your export sales; (ii) your Canadian subsidiaries' export sales; and (iii) your foreign subsidiaries'/branches' sales to non Canadians; BUT EXCLUDES all inter-company sales.

² Interim Financial Statements (if Annuals are over 6 months old, from the date of the signed Customer Profile and Consent form).

| | | | | | |
|--|--|--|--------|--------|--|
| 5 ENVIRONMENTAL | | | | | |
| Are you aware of any significant environmental risks associated with any business which is the object of the request for bonding support from EDC, including environmental risks associated with your foreign buyers? | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 6 FINANCIAL INFORMATION | | | | | |
| Please attach 3 years of financial statements and most recent interim statements (consolidated, if available): <input type="checkbox"/> Attached <input type="checkbox"/> My company is publicly-traded | | | | | |
| 7 BANKING INFORMATION (If more than one bank, please provide information on a separate sheet) | | | | | |
| Bank: | | Since: | | | |
| Address: <i>(Street, City, Province, Country and Postal Code)</i> | | | | | |
| Contact Name: | | Title: | | | |
| Telephone: | | Fax: | | Email: | |
| Current Operating Line of Credit Amount: | | Current utilization: | | | |
| Current Letters of Guarantee Line Amount: | | Bank Review Date: | | | |
| Compliant with covenants? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If No, has a waiver or forbearance agreement been granted? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If a waiver or forbearance agreement has been granted, please attach a copy.</i> | | | |
| Is/Was your company managed by the Bank's special risk group within the past 18 months? | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 8 BONDING HISTORY (Surety bonds and/or Standby Bank Letters of Guarantee or Credit) | | | | | |
| Bonds issued on your behalf in the past 12 months? | Total Number: | Total Amount: (currency) (amount) | | | |
| Average value of bonds issued? | <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: | Amount: | | | |
| Average duration of bonds issued? | months | Longest bond duration? | months | | |
| Has your company or affiliated companies had any bonds called in the past 3 years? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, please provide details on separate sheet (buyer, country, type of bond, year, amount, reason) | | | |
| Bonds are issued on your company's behalf by: | <input type="checkbox"/> Bank (Name: / <input type="checkbox"/> Same as above) | | | | |
| | <input type="checkbox"/> Surety Company (Name:) | | | | |
| 9 BONDING REQUEST (Based on total expected bonds or guarantees to be issued during the next 12 months) | | | | | |
| <input type="checkbox"/> Bank Guarantees: | <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: | Amount: | | | |
| | What type of bank guarantees does your company require: <input type="checkbox"/> Supplier <input type="checkbox"/> Contract Performance <input type="checkbox"/> Other: | | | | |
| | Will you require any support on behalf of any affiliated company? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| | If yes, please list on separate sheet the full legal name and address of each affiliated company requiring support and your company's ownership percentage of such affiliated company. | | | | |
| <input type="checkbox"/> Foreign Exchange Guarantee: | <input type="checkbox"/> USD <input type="checkbox"/> CAD | Amount: | | | |
| Customer confirms that without EDC support, its bank will not extend more credit and/or will restrict all or part of its operating line and such action will have a negative impact on the Customer's foreign business: <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| <input type="checkbox"/> Surety Fronting: | <input type="checkbox"/> USD <input type="checkbox"/> CAD | Amount: | | | |
| <input type="checkbox"/> Performance Security Insurance: (Wrongful Call) | <input type="checkbox"/> Selective Coverage <input type="checkbox"/> Comprehensive Coverage for every contractual guarantee | | | | |

10 CONSENT AND SIGNATURE

We consent and agree to EDC's disclosure of (1) all non-publicly available information provided to EDC in connection with any CIB support which may be given by EDC on our behalf and (2) any CIB documentation implementing such support (the "Information"), to or pursuant to the following: (a) to any bank identified in Section 7 above (including any successor or replacement bank), or to any actual or potential surety company(s) which may issue any surety bond on our behalf, (b) to any of our affiliates which may directly or indirectly benefit from any CIB support, (c) to EDC's shareholder, employees, officers, directors, brokers, agents, advisors, consultants, legal counsel and potential or actual reinsurers, insurers and co-insurers (including affiliates, directors, officers, employees, professional advisors, auditors, reinsurers, or agents of any such reinsurers, insurers, or co-insurers), (d) pursuant to the requirements of law, regulation, legal process and audit, (e) pursuant to EDC's and Canada's international commitments, or (f) to the extent required for EDC to comply with applicable laws. Moreover, we agree that personal information may be collected, used and disclosed in accordance with the *Privacy Act (Canada)* (R.S.C., 1985, c. P-21). The foregoing consent will serve as our written consent to disclose the Information for the purpose of any present or future confidentiality agreement between us and EDC (notwithstanding anything to the contrary contained in any such confidentiality agreement) or for the purpose of any applicable laws. **The Customer has explicitly requested that this form be drafted in the English language. Le client a expressément demandé et accepté que le présent formulaire soit rédigé dans la langue anglaise.**

IN WITNESS WHEREOF, the Customer hereby certifies the truth and accuracy of all information contained herein, and affixes its corporate signature, attested by its proper officer in that behalf, to this form.

AUTHORIZED SIGNATURE

NAME AND TITLE (PRINT)

DATE (dd/ mm/ yyyy)