

On the Letter head of the Bank/DFI

**Claim Form**  
**Export Finance Mark-Up Rate Facility**

The Chief Manager,  
State Bank of Pakistan  
Banking Services Corporation (Bank),  
\_\_\_\_\_.

Dear Sir,

**Claim for Export Finance Mark-Up Rate Facility**

**For the period from ----- to -----**

**(i.e. 01-09-2009 to 28-02-2010 for current claim)**

In terms of SMEFD Circular No. ----- dated ----- we hereby apply to avail **2.5% Export Finance Mark-Up Rate Facility** under Ministry of Textile Industry's Notification No. 3 (2)TID/09-P-I dated 1<sup>st</sup> September, 2009 on outstanding loans availed by the exporters of textile industry for export of eligible commodities under SBP's Export Finance Scheme (EFS).

2. The necessary particulars of refinance facilities are as under:

Sr. No	Name of Exporter	Sub-Sector of Textile Sector	Ministry of Textile Industry's Registration		Demand Loan		Position of loan remained outstanding during above referred period of claim.		Amount of Mark up Rate Facility @ 2.5% p.a. for above referred six months period.		Detail of payment of Facility made to the exporters, to the extent of 60%		Amount of Facility already reimbursed from SBP-BSC, if any	Amount of Current Claim.
			No.	Valid Upto	No.	Date of grant	Amount	No. of Days	100%	60%	Date(s)	Amount		

Note: Amount of Facility shall be calculated on daily product basis.

3. We certify that:

- (i) the terms & conditions contained in above referred Circular / Notification have been complied with;
- (ii) the information / data given under the claim form is complete and correct;
- (iii) we understand and agree to pay back any amount of Facility paid to us on account of our said exporter, on the basis of this claim and our certification mentioned hereinabove first, along-with a fine of 25% of amount of the Facility, if the SBP subsequently finds that such Facility was wrongfully claimed under above arrangements.

4. Attested copy of Ministry of Textile Industry Registration Certificate is enclosed herewith.

\_\_\_\_\_  
Signature of the concerned branch manager / Authorized Signatory

\_\_\_\_\_  
Counter signed by Area / Zonal / Regional Manager of the respective area.