



EDC USE ONLY:
CI #:

CUSTOMER PROFILE AND CONSENT

1 CUSTOMER INFORMATION (the applicant)			
Legal Name of Customer:			
Trade Name:			
Address: <small>(Street, City, Province, Country and Postal Code)</small>		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:	<small>(dd/mm/yyyy)</small>	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 EXPORT BUSINESS (on a non-consolidated basis)			
Export Destinations and Experience:	<input type="checkbox"/> USA <input type="checkbox"/> Others:		Years Exporting: Years Exporting:
Does your company have an export strategy and plan to continue exporting at the same level or greater than current export levels?			<input type="checkbox"/> No <input type="checkbox"/> Yes
Estimated 12 Months Projected Value of Canadian Exports? <small>(Goods of Canadian origin or manufacture, and/or services provided by Canadians)</small>	<input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: Amount:		
Most Recent¹ 12 Months Export Sales:	<input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> Other: Amount:		
Most Recent¹ 12 Months Total Sales:	<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
Are you aware of any significant environmental risks associated with your usual export business, including environmental risks associated with your foreign buyers?			<input type="checkbox"/> No <input type="checkbox"/> Yes

¹ "Most Recent" means 12 calendar months immediately prior to the date of this signed document. You may use the results from your most recent 12-month FYE financial statements provided that such 12-month period in the FYE financial statements ends within 6 months of this signed document.

5 FINANCIAL INFORMATION

Please attach 3 years of financial statements and most recent interim statements (consolidated, if available):

☐ Attached ☐ My company is publicly-traded**6 BANKING INFORMATION** (If more than one bank, please provide information on a separate sheet)

Bank:		Since:	
Address: (Street, City, Province, Country and Postal Code)			
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 If a waiver or forbearance agreement has been granted, please attach a copy.		

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
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7 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 (Name:)		

8 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 export 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

9 CONSENT AND SIGNATURE

The Customer consents and agrees to EDC's disclosure of all non-publicly available information provided to EDC by the Customer in connection with its support hereunder (a) to the Bank(s) (identified in Section 6 of the Customer Profile and Consent), or to the Surety (as applicable), (b) to EDC's shareholder, employees, officers, directors, agents, brokers, advisors, consultants, legal counsel, and potential or actual reinsurers, co-insurers, insurers and surety companies, (c) pursuant to the requirements of law, regulation, legal process, and audit, and (d) pursuant to EDC's and Canada's international commitments. **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)