STANDBY/GUARANTEE APPLICATION

GLOBAL TRADE FINANCE – TEL: 1.866-661-6866 FAX: 1-866-661-6766

TO: THE TORONTO-DOMINION BANK

Date: _____

(Type in branch address and transit number, or place branch stamp in box above.)

Please arrange the issuance for our account

☐ by airmail ☐ by telex/SWIFT

of an irrevocable Guarantee in the form of a

☐ BID GUARANTEE ☐ PERFORMANCE GUARANTEE
☐ ADVANCE PAYMENT GUARANTEE ☐ STANDBY LETTER OF CREDIT
☐ OTHER (SAMPLE WORDING ENCLOSED)

in favour of:

(Type or print in beneficiary's legal name and address)

for:

(Currency and amount)

expiring:

(Expiry date and/or trigger points/events)

purpose:

(Brief description of tender/contract, project/commodity)

☐ issued by yourselves directly in favour of the above mentioned beneficiary as per:
- ☐ your basic format attached hereto (sample signed by us)
- ☐ format called for in the tender/contract; copy attached hereto (subject to your approval)

☐ issued by your local correspondent under your responsibility as per:
- ☐ format called for in the tender/contract; copy attached hereto (subject to your approval)
- ☐ your instructions giving essential details

We hereby attach your form of counter-indemnity duly executed by the undersigned, in connection with the issuance of your Guarantee or the release of your instructions for the issuance of the guarantee.

APPLICANT NAME: _____

(Print the applicant's company or individual name)

_____ Authorized Signature(s) of Applicant

_____ Authorized Signature(s) of Applicant

FOR BANK USE - Application approved under Corporate / Division Management Authority. Dated: _____20_____

_____ **Branch Signature** _____ **Number** _____ **Branch Signature** _____ **Number**

Branch Transit: _____ **Loan IQ:** ☐ Yes ☐ No **Commission Rate:** _____% **EDC:** ☐ Yes ☐ No (if yes, please fax all EDC documents)

Account Manager: _____ **Account No. to debit:** _____
(print name and number)

This form must be faxed together with the Counter-Indemnity form