

APPLICATION FOR ISSUANCE OF BANK GUARANTEE

Guarantee ☐ Surety ☐

Branch

According to terms set out below:

(Shaded areas to be filled by the Bank)

Prod. Code Type of Guarantee Guarantee No.

Applicant	Deposit Account No.	Customer No.
Applicant: _____		
Head Office: _____		
Place: _____		Postcode: <input type="text"/> - <input type="text"/>
Taxpayer / Legal Entity No: <input type="text"/>		State. Comm. Board _____
Registration No. _____		Share Capital: _____, _____ Currency <input type="text"/>

Beneficiary	Taxpayer / Legal Entity No.	Customer No.:
Name/Company: _____		
Address / Head Office: _____		
Place: _____		Postcode: <input type="text"/> - <input type="text"/>

Guarantee Amount _____, _____ Currency _____
(_____)

Commission:	Code:	Rt.:	Term	Due date:	Canc. Due Date (Y/N)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Purpose: _____

Undertaking/Supply/Other: _____

Award /Billing Amount: _____, _____ **Percentage:** _____ %

Add Documentation:

<input type="checkbox"/> Contract	<input type="checkbox"/> Proposal/ Budget	<input type="checkbox"/> Request	Type:	<input type="checkbox"/> Provisory Depos.	<input type="checkbox"/> Adv. Allowance
<input type="checkbox"/> Contract Specifications	<input type="checkbox"/> Invoice	<input type="checkbox"/> Notice		<input type="checkbox"/> Definitive Depos.	<input type="checkbox"/> Good Payment
<input type="checkbox"/> Letter of Award	<input type="checkbox"/> Order	<input type="checkbox"/> _____		<input type="checkbox"/> Guarantee / Withhold Depos.	<input type="checkbox"/> _____

Term (months):	Renewable (Y/N)	Fixed until	No term:	Notary Acknowledge (Y/N)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Collateral Amount: _____, _____ Currency Code:

Collateral:

- ☐ Note
☐ Term Bond
☐ Pledge
☐ Securities
☐ Mortgage

Collateral Account
 Assessment Value
 Assessment Date

Consortium (Y/N):

☐
 No. of Consortium Reps.
 Account No. %

Collateral Code	Collateral No.	Ind. Collateral Formaliz. (Y/N)	Formaliz. Date:	% Collateral:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be filled in by the Bank

Conditions
Commission: _____ % per year, with minimum amount on Price List.
Payment:
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually

Foreign exchange	Import	Export
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

GENERAL CONDITIONS

- (1) It is understood that BANCO SANTANDER TOTTA, S.A., should it be called upon to make any payment under the bank guarantee to be issued according to this application, shall not be required to determine the fairness nor the right of the beneficiary's claim, but merely to make such payment on my/our sole responsibility for which, I hereby authorize this Bank to debit the corresponding sums from my/our deposit account indicated above.
- (2) I/we shall pay the Bank by debit from my/our account indicated above, the payments that have been agreed upon and remain in force at all times, without prejudice to the possibility that Bank may determine a minimum value for the commission to be charged, regardless of the amount of the bank guarantee, according to your bank fee schedule, posted on the Price List duly advertised at your branches, in accordance with Notice 8/09 of the Bank of Portugal.
- (3) In case of late payment on my/our part of any amount referred to above, or reimbursement of any amount that this Bank may be required to pay to honour the bank guarantee to the amounts owed shall be added interest on arrears, calculated at the supplementary statutory rate established in paragraph 3 of Article 102 of the Commercial Code.
- (4) The debits which may be carried through on my/our referenced deposit account do not imply the payment to which I/we are obligated, for compensation or reimbursement to the Bank for the sums that it is required to pay in order to honour the bank guarantee, but constitute evidence of failure to comply with my/our obligations.
- (5) The Bank shall notify the Central Credit Register at the Bank of Portugal of the responsibilities on behalf of the Applicant, under this contract of issuance of bank guarantee, and of the amounts of guarantees on behalf of the guarantors issued in favour of the Bank.
- (6) It is stipulated that for questions arising from the application for issuance of bank guarantee the court of Lisbon or Porto is the competent forum, and any other court is excluded.

STATEMENT

We authorize the Bank to request our personal information and data, confirm the data provided herein and consult with the Information Centre of the Bank of Portugal, bearing and paying all the costs related to this procedure.

GUARANTEE OF PAYMENT (1)

- ☐ - Mortgage _____
- ☐ - Commerc. Pledge _____
- ☐ - Financial Investment Pledge _____
- ☐ - Pledge of Dep. Term no. (S) _____
in the amount of _____ Currency _____
- ☐ - Disclaimer _____
- ☐ - _____ Draft(s) / Note(s) in the amount of _____, _____ Currency _____ blank due date(s), our acceptance(s),
signed by _____
evaluated by: _____

(1) 120% of Guarantee Amount

Co-signers / Guarantors		
Names:	Customers:	Addresses:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Fulfilment of note(s) with setting the dates of issuance and due date, amount and place of payment may be made by BANCO SANTANDER TOTTA S.A. in case of breach of contract terms above.

To this end, BANCO SANTANDER TOTTA S.A. is authorized to complete the fulfilment under the terms previously referred to and for the amount owed with corresponding charges and set the applicable due date, using the proceeds of the discount for settlement of liability.

The undersigned has expressly agreed to all conditions stated herein.

Applicant(s)*	Co-signers
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* (Stamp plus participant's position - e.g., Manager, Administrator, Barrister)

Approval and Signature Check

Sig.: _____ No. _____

Sig.: _____ No. _____

Date: _____ / _____ / _____

Order

Notes