**Procedure I**

 **Form A**

To: Caribbean Development Bank Date:

 P.O. Box 408 Grant No:

 Wildey Application No.:

 St. Michael

 **Barbados**

Dear Sir:

**Application for Reimbursement**

 Pursuant to the Grant Agreement dated  between the Caribbean Development bank (hereinafter called "the Bank") and  (hereinafter referred to as the undersigned), the undersigned hereby certifies and agrees as follows:

 1. The undersigned hereby applies for withdrawal from the Grant Account opened under said Grant Agreement of the sum of  (and words)

 2. Said amount is required to reimburse the undersigned for expenditures made in said currency as described in the attached Summary Sheet(s) which forms an integral part of this application.

 3. The undersigned has not heretofore withdrawn from said Grant Account or applied for the withdrawal from said Grant Account of any amounts for the purpose of reimbursing the undersigned or for meeting such expenditures, and the undersigned has not obtained and will not obtain funds for such purpose out of the proceeds of any other loan, credit or grant available to the undersigned, other than such short-term loans or credits (if any) established in anticipation of the withdrawal applied for herein and to be repaid pro tanto with the funds withdrawn hereunder, as are described in the attached Summary Sheet(s).

 4. Such expenditures were made for the purpose specified in said Grant Agreement; the goods and services so purchased are appropriate for such purposes; the cost and terms of purchase thereof are reasonable; and the undersigned hereby certifies that none of the expenditures were made in the territories of any country which is ineligible for procurement according to the said Grant Agreement.

 5. The undersigned hereby agrees that reimbursement will be made net of payment charges and where the payment is not made net of payment charges, the undersigned will reimburse the Bank such charges.

 6. At the date of this application there is no existing default under the said Grant Agreement; and, to the best of knowledge and belief of the undersigned, of the Guarantor under the Guarantee Agreement (if any) referred to therein.

 **Procedure I**

 **Form A (cont'd**)

Please make payment as follows:

Cheque to the order of:

 **Name of Payee**

 **Address**

 Or

Telegraphic Transfer Banking Instructions

**57A/D** **Beneficiary Bank**

|  |  |  |
| --- | --- | --- |
| ABA NO. (9 digits) //FW |  | US Banks only  |
| Sort Code (6 digits) //SC |  | UK Banks only  |
| German Bank Code (8 digits) //BL |  | German Banks only  |
| South Africa Code (8 digits) //ZA |  | South African Banks |
| IBAN No. |  | European Banks |
| BIC/SWIFT Code  |  |  |

**Name of Bank:**

**Address:**

59: **Beneficiary Customer (Account Number):**

**Account Name:** .

**Account Address:** .

70: **Details of Payment:**

 **Procedure I**

 **Form A (cont'd**)

56A/D **Intermediary/Correspondent Bank 1/**

|  |  |  |
| --- | --- | --- |
| ABA NO. (9 digits) //FW |  | US Banks only  |
| Sort Code (6 digits) //SC |  | UK Banks only  |
| German Bank Code (8 digits) //BL |  | German Banks only  |
| South Africa Code (8 digits) //ZA |  | South African Banks |
| IBAN No. |  | European Banks |
| BIC/SWIFT Code  |  |  |

**Name of Bank:**

**Address:**

This application consists of this page and signed and numbered Summary Sheet(s).

 **(Name of Beneficiary)**

 By Authorised Representative(s):

 Type Names

 **(Name) Block Capitals**

Signature(s):

**1/Note: This information MUST be provided:**

**(a) when requesting US$ Payment to a bank outside of the USA OR**

**(b) when beneficiary bank address is different from the MAIN BRANCH in that country**

**SCHEDULE OF WITHDRAWAL OF PROCEEDS**

Procedure I

Form B (1)

 **Date:**

 **Grant No.: Application Serial No. 1**

 **Summary Sheet No.: 1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Item****No.** | **Goods or****Service** **Description** | **Project****Component Code** | **Country of Origin of Goods/Services** | **Invoice Date or Progress Certificate Date** | **Name and Country Location of Supplier/****Contractor** | **Date of** **Payment** | **Amount Requested** | **Evidence of Payment Submitted** | **Remarks** |
| 1. |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

The above are the details of the amounts referred to in the said Application.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Beneficiary

 Per authorized representatives:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) Block Capitals

 Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_