

Request for ADB Debt Management Products Cross Currency Swap for a Third Party Liability

Sovereign / Sovereign-Guaranteed Client's Explanatory Statement for the Debt Management Product (DMP) Request

The client's DMP selection, as requested, and the reasons for this selection, are as follows:

We represent that:

- (a) we have made our own independent decision to submit this request to enter into a DMP transaction;
- (b) we are not relying on any communication (written or oral) from ADB as a recommendation to request such DMP transaction, it being understood that information and explanations related to the terms and conditions of the DMP transaction will not be considered a recommendation to enter into such DMP transaction;
- (c) ADB is not acting as a fiduciary or agent for us in respect of such DMP transaction;
- (d) we are capable of evaluating and understanding, and understand and accept the terms, conditions and risks of such DMP transaction, and we are also capable of assuming, and assume, the risks of such DMP transaction;
- (e) we are entering into the DMP transaction in order to facilitate prudent debt management as specified above; and
- (f) our authorized representative signing this DMP Request is authorized to act in the name and on behalf of the Client specified below.

DMP Transaction Details

Effective Date:
(as applicable)

Maturity Date:

To be paid by the Client to ADB

Initial Exchange Yes No

Currency:

Complete only one amount

Amount:

Notional Amount of the DMP Transaction

Currency:

Complete only one amount

Notional
Amount:

To be paid by ADB to the Client

Currency:

Amount:

Currency:

Notional
Amount:

Business Days

Calendar for
Payments:
(e.g., NY, Tokyo)

Calendar for
Payments:
(e.g., NY, Tokyo)

Calendar for
Resets:
(if applicable)

Calendar for
Resets:
(if applicable)

Interest Rate

Variable Rate Fixed Rate
 Day- Actual/ 360 30/360 Actual/Actual
 Count: Other _____

Frequency of Interest
Payments:

Interest Payment
Date(s):

Payment Modified
 Convention: Following Following Others

Interest
 Adjustment: Adjusted Unadjusted

Variable Interest Rate Index (if applicable): _____

Optional (complete only 1 of the 4 choices). Note: If this section is left blank, the variable rate will be Libor flat.

Spread over variable rate index to be paid is less than or equal to: _____%

Fixed interest rate to be paid is less than or equal to: _____%

Variable Rate Fixed Rate
 Day- Actual/360 30/360 Actual/Actual
 Count: Other _____

Frequency of Interest
Payments:

Interest Payment
Date(s):

Payment Modified
 Convention: Following Following Others

Interest
 Adjustment: Adjusted Unadjusted

Variable Interest Rate Index (if applicable): _____

Spread over variable rate index to be paid is less than or equal to: _____%

Fixed interest rate to be paid is less than or equal to: _____%

Maturity Schedule (or attach a separate sheet if needed)

Complete only one column for notional principal amount

Currency:

Date: Nominal Principal Amount:

_____	_____
_____	_____
_____	_____
_____	_____

Currency:

Date: Nominal Principal Amount:

_____	_____
_____	_____
_____	_____
_____	_____

Special Requests / Instructions (Use this space for non-standard requests)
 (In addition, please contact ADB regarding any non-standard requests)

Payment InstructionsName of Beneficiary Bank: Address: Account Number: Swift Code: Name of Beneficiary Entity: Address: *(In case payment currency corresponds to a country different from the beneficiary country):*Name of Correspondent Bank: Address: Account Number: Swift Code: **Special Instructions:****Authorizations:***Specimen signatures of the authorized representatives of the Client below must be on file at ADB before processing of this request may begin.*Name of Client: By: **Authorized Representative**Name: Telephone: Title: Facsimile: Date: Email: **Contact Information for Transaction Confirmation:**Name: Title: Telephone: Address 1: Facsimile: Address 2: Email: **This completed form and any related correspondence should be addressed to:**

Attn: Loan Accounting Section
Loan Administration Division
Controller's Department
Asian Development Bank
6 ADB Avenue, Mandaluyong City
1550 Metro Manila, Philippines

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Fax +63 2 8632 2586
Email ctac-la1@adb.org