

## Request for ADB Debt Management Products Interest Rate 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

Currency:	<input style="width: 100%;" type="text"/>		
Principal Amount:	<input style="width: 100%;" type="text"/>		
Effective Date (as applicable):	<input style="width: 100%;" type="text"/>		
Maturity:	<input style="width: 100%;" type="text"/>		
Frequency of Interest Payments:	<input style="width: 100%;" type="text"/>		
Fixed Leg:	<input style="width: 50%;" type="text"/>	Interest Payment Date(s):	<input style="width: 50%;" type="text"/>
Floating Leg:	<input style="width: 50%;" type="text"/>	Interest Payment Date(s):	<input style="width: 50%;" type="text"/>
Calendar for Payments: (e.g., NY, Tokyo)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Calendar for Resets:	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>

#### Interest Rate

To be paid by the Client to ADB	To be paid by ADB to the Client
<input type="checkbox"/> Variable Rate <input type="checkbox"/> Fixed Rate Day-Count: <input type="checkbox"/> Actual/360 <input type="checkbox"/> 30/360 <input type="checkbox"/> Actual/Actual <input type="checkbox"/> Other Payment Convention: <input type="checkbox"/> Modified Following <input type="checkbox"/> Following <input type="checkbox"/> Others Interest Adjustment: <input type="checkbox"/> Adjusted <input type="checkbox"/> Unadjusted Variable Interest Rate Index (if applicable): _____	<input type="checkbox"/> Variable Rate <input type="checkbox"/> Fixed Rate Day-Count: <input type="checkbox"/> Actual/360 <input type="checkbox"/> 30/360 <input type="checkbox"/> Actual/Actual <input type="checkbox"/> Other Payment Convention: <input type="checkbox"/> Modified Following <input type="checkbox"/> Following <input type="checkbox"/> Others Interest Adjustment: <input type="checkbox"/> Adjusted <input type="checkbox"/> Unadjusted Variable Interest Rate Index (if applicable): _____
<b>Optional (complete only 1 of the 4 choices). Note: If this section is left blank, the variable rate will be Libor flat.</b>	
Spread over variable rate index to be paid is less than or equal to: _____%	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: _____%	Fixed interest rate to be paid is less than or equal to: _____%

**For Swaps with Amortizing Principal Repayment Schedules Only:  
Maturity Schedule (or attach a separate sheet)**

Date	Principal Amount Outstanding
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

**Payment Instructions**

Name 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

Tel +63 2 8632 4444  
Fax +63 2 8632 2586  
Email [ctac-la1@adb.org](mailto:ctac-la1@adb.org)