



DRAWDOWN INVOICE

Invoice No:

Date:

Due Date:

FACILITY AGENT

Contact:

BORROWER / PAYOR

Attn:

Facility Name:

Drawdown Ref:

Agreement Date:

Drawdown Date:

Interest Period:

Base Rate Type:

| DESCRIPTION / TRANCHE REFERENCE | PRINCIPAL AMOUNT | RATE / MARGIN | TOTAL DUE |
|---------------------------------|------------------|---------------|-----------|
| | | | |
| | | | |
| | | | |

Total Funding Required:

WIRE SETTLEMENT INSTRUCTIONS

Beneficiary Bank:

ABA / Routing Number:

SWIFT / BIC:

Account Number / IBAN:

Beneficiary Name:

Payment Reference:

Prepared By:

Authorized Signatory, Facility Agent
Approved By:

Authorized Signatory, Borrower / Coordinating
Committee