

CARIBBEAN EXPORT DEVELOPMENT AGENCY

**ANNEX V
REQUEST FOR PAYMENT**

[*Date of the request for payment*]

Attn: Manager – Competitiveness and Export Promotion
Caribbean Export Development Agency
1st Floor Baobab Tower
Warrens
St. Michael, BB15154
BARBADOS

Reference number of the Direct Assistance Contract: *Insert grant contract number*

Name and address of the Beneficiary: --

Period covered by the request for payment: *Insert grant contract dates from start to finish*

Dear Sir,

I hereby request *Interim / final* payment under the Contract mentioned above.

The amount requested is *[total eligible expenses in EURO]*.

Please find attached the following supporting documents:

- *Interim / Final Narrative Report*
- *Interim (Annex VII A) / Final (Annex VII B) Financial Report*
- *Support documentation for Interim / Final Financial Report*
- *Grant Assessment Report*

Please see below complete banking instructions required:

| BANK DETAILS OF COMPANY/ORGANISATION | |
|---|--|
| Bank Name | |
| Bank Branch | |
| Contact person | |
| Address | |
| City | |
| Country | |
| Account Name | |
| Account No. | |
| SWIFT code | |
| ABA code | |
| Currency | |

| INTERMEIDARY BANK DETAILS FOR WIRE TRANSFERS | |
|---|--|
| Intermediary Bank Name | |
| Address of Intermediary Bank | |
| SWIFT code of Intermediary Bank | |

I hereby certify that the information contained in this request for payment is complete, reliable and that the costs paid can be considered eligible in accordance with the Contract and that this request for payment is substantiated by adequate supporting documents that can be checked.

Yours faithfully,

[*Original signature*]