

BANK GUARANTEE FORM

The Entity (*name of the Credit Institution or Mutual Guarantee Company*) _____
C.I.F. (Tax ID number) _____ with address (*for the purpose of notifications and summons*) at _____
_____, in the street/plaza/avda. _____
_____. P.C. (Post Code) _____, and on their behalf (*name and surname of the proxies*) _____
_____ with sufficient powers to bind them in this act, as evidenced by the certificate of
authority set out at the bottom of this document.

GUARANTEES

(*surname and forename or company name of the guarantor*) _____

_____ Tax ID Number/N.I.F. _____ by virtue of the provisions of
Article 139.5.c) of Royal Legislative Decree 2/2011, approving the Consolidated Text of the Law on
Ports and the Merchant Navy, to respond to the obligations of the commercial service of afloat ship
repairs in the Ports managed by the Port Authority of the Bay of Algeciras, before the President of the
same for the amount of : (*in words*) _____, Euros: (*in figures*) _____,
including the settlements established for fees and other items arising from the provision of the
service, including penalties, surcharges, delays and damages that may be caused to the port
facilities, in accordance with the provisions of articles
139.5.c) of Royal Legislative Decree 2/2011, approving the Consolidated Text of the Law on Ports
and the Merchant Navy and the Rules for determining the collection guarantees approved by the
Board of Directors of the Port Authority at its meeting of 16 February 2015.

This guarantee is granted jointly and severally with respect to the principal, with express waiver of the
benefits of order, exclusion and division and with a commitment to pay on the first request of the
President of the Port Authority of the Bay of Algeciras, without the guaranteed being able to oppose
payment.

This irrevocable guarantee is established for an indefinite period of time and will remain in force until
the President of the Port Authority of the Bay of Algeciras, or whoever is legally empowered to do so
in his name, authorises its cancellation or return, having been registered on this date in the Special
Register of Guarantees with the number _____
_____.

.....(*place and date*)
..... (*company name of the Entity*)
..... (*signatures of Proxies*)

***Please be advised that only the original Spanish version has legal validity.**

VERIFICATION OF THE REPRESENTATION BY THE C.G.D.'S LEGAL DEPARTMENT. OR STATE ATTORNEY'S OFFICE		
Province:	Date:	Number or Code: