

AUTHORITY FOR PAYMENT GUARANTEE (AVAL)
OF BILL OF EXCHANGE



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PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED)

To: The Manager

ANZ Trade and Supply Chain (Branch name & address)

ANZ Inward Collection Reference

Date (dd/mm/yyyy)

Customer Reference

From (customer name and address, include company identification number if applicable):

I/We authorise ANZ to guarantee payment of or add its aval to a bill of exchange which we have accepted with the following details

Bill of exchange dated (dd/mm/yyyy)

Currency and amount

Drawn by: (Name & Address)

Collection requested by (Bank name & address)

Correspondent Collection Reference

Charges:

Debit our following account for all charges relating to this Payment Guarantee AVAL:

Currency

Account Number

This authority, the ANZ Trade Terms and any other Trade Agreement (as defined in the ANZ Trade Terms) containing terms relating to the Trade Product (as defined in the ANZ Trade Terms) and entered into by ANZ and you (collectively, the **Terms and Conditions**) apply to the Trade Product requested under this authority.

By signing this authority, you:

- agree that you have a copy of or you have accessed via anz.com the Terms and Conditions; and
- acknowledge that you have read and agree to be bound by the Terms and Conditions.

Signed for and on behalf of the Customer (by the Customer or its Authorised Representatives):

Full Name

Position

Signature

Full Name

Position

Signature

Company Stamp or chop (if applicable)

BANK USE ONLY

Date received (dd/mm/yyyy)

All checks complete

Trade Relationship Officer

Signature(s) verified

Yes No

Approved by

Manager / Team Leader