# EXPORT COLLECTION PRESENTATION FORM



## You need Adobe Reader 9.0 to view this form. You can download Adobe Reader free of charge. PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED)

To: The Manager

ANZ Trade and Supply Chain Select (Branch)

\_\_\_\_\_

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

Date (dd/mm/yyyy)

Export Verification Ref. No. (if applicable)

Customer Reference

Contact person and Telephone number

I/we request that ANZ handle the attached documents in accordance with instructions marked "X" and subject to the Uniform Rules for Collections (1995 Revision) ICC Publication No. 522.

#### COLLECTION

Negotiate by crediting account/s stated below immediately and forward for collection.

Forward for collection and negotiate by crediting account/s stated below upon receipt of the collecting bank's guarantee of the payment of the bill (avalisation)

Forward for collection and credit proceeds to account's stated below on receipt of payment from Collecting Bank.

Drawee's Bankers (name, address and SWIFT code)

Drawee (name and address)

Tenor

Amount

Currency

### **DOCUMENTS PRESENTED (No of copies)**

| Duplicates            | Originals Duplicates   |
|-----------------------|--|
| Bills of Exchange     | Health Certificate   |
| Invoice               | Inspection Certificate   |
| Bill of Lading        | Test Certificate   |
| Air Waybill           | Quality Certificate  |
| Insurance Certificate | Tally Sheet  |
| Certificate of origin | Beneficiary's Certificate  |
| Packing List          | Log List   |
|                       |  |
|                       |  |
|                       | Bills of Exchange         Invoice         Bill of Lading         Air Waybill         Insurance Certificate         Certificate of origin |



## Dispatch documents as follows

Original and Duplicate [one copy/two copies]

# SHIPPING DETAILS

| From  | То   |  | Via   |
|---|--|--|---|
| Shipping Date (dd/mm/yyyy)  | ETA of Vessel  |  |   |
| Carrier Name  |  |  | Vessel name   |
| Description of Goods  |  |  |   |
| <ul> <li>COLLECTION INSTRUCTIONS</li> <li>Release documents against Payment – D/P (for</li> <li>Obtain advice of acceptance / payment by auth telecommunication.</li> <li>ANZ charges (including interest if applicable) at (Charges for our account the exchange rate applicable on the day of lodge</li> <li>Request buyer's bank to guarantee payment of (avalise) and confirm by SWIFT</li> <li>[waive/ do not waive] charges / interest if refu</li> </ul> | nenticated<br>re for the account of<br>t will be calculated at<br>gement). | <ul> <li>Overseas / local / o<br/>duty, telecommuni</li> <li>Presentation may b</li> </ul> | s against Acceptance – D/A (for Term Collections).<br>ther bank charges, including commission, stamp<br>ication costs and postage are for drawee's account.<br>be delayed until arrival of goods at port of<br>it Noting / Protesting.<br>% p.a (based on day year)<br>to date. |
| If the drawee has not effected acceptance within Note or protest for Do not note or protest for   | days of pres   | entation or made paym<br>Advise by Telecomr<br>Store and insure g                          | nunications   |
| SPECIAL INSTRUCTIONS  |  |  |   |

Please note: Banks have no obligation to take action in respect of goods to which the documentary collection relates, including storage and insurance of the goods even when specific instructions are given to do so.

# EXPORT COLLECTION PRESENTATION FORM



### **CREDIT PROCEEDS TO**

| Domestic Account No   | Apply proceeds against Forward Exchange  |
|---|--|
| Foreign Currency Account No   | No Due   |
| Account held with (Beneficiary's Bank's name and address)                 |  |
| Charges:  |  |
| Debit our following account for all charges relating to this instruction: |  |
| Currency  | Account Number   |
|   |  |
|   | Z Trade Terms booklet and any other applicable Trade Agreements. We confirm rporate and given us the other applicable Trade Agreements. We acknowledge from ANZ about any issues of concern. |
| Authorised Signature  | Name of Authorised Signatory   |
|   |  |
|   |  |
| Authorised Signature  | Name of Authorised Signatory   |

Company stamp or chop (if applicable):

| BANK USE ONLY              |                       |
|----------------------------|-----------------------|
| Date received (dd/mm/yyyy) | Signature(s) verified |
|                            | Yes No                |
| All checks complete        | Approved by           |
|                            |                       |
| Trade Relationship Officer | Manager / Team Leader |
|                            |                       |