APPLICATION FOR SHIPPING GUARANTEE/INDEMNITY - AIR WAYBILL/CUSTOMS ASSESSMENT NOTICES/ CONSIGNMENTS RELEASE



To: The Manager ANZ Trade and Supply Chain Select (Branch)	Date (dd/mm/yyyy)
From: (Customer name and address, include company identification nu	umber if applicable):
I/we request that ANZ:	
endorse the attached guarantee/indemnity signed by me/us to enaproduction of the Bills of Lading for goods as detailed below; or	able me/us to obtain replacement Bills of Lading and/or delivery without
authorise release of goods covered by the Air Waybill/Customs Asso	essment Notice/Consignment as detailed below; or
endorse the attached original Bill of Lading/Air Waybill to enable m	ne to take delivery of the goods
Attached Documents	
Copy of Commercial Invoice and	Attached Document Number(s)
Maximum Amount: (domestic value)	Invoice Value
,	Currency \$
Expiry Date: (365 days from date of issue) (dd/mm/yyyy)	Goods Description: (brief description)
Shipped By: (Name of Supplier and Address)	Shipped From: (Country)
Date Shipped: (B/L or Airway Bill Date) (dd/mm/yyyy)	Carrier and Vessel Name:
Linday Daniya antaw Condit No. (16 Aprili anhia)	Name of Applicant/o Dominacontations (If Applicable)
Under Documentary Credit No. (If Applicable)	Name of Applicant's Representative: (If Applicable)
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until such time as the instrument is returned to the bank);	ease/guarantee (Note: charges are payable on issue and quarterly thereafter
Currency	Account Number
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This application is subject to, and we are bound by, the terms in the ANZ Trade Terms booklet and any other applicable Trade Agreements. We confirm that ANZ has given us the booklet or we have accessed it at anz.com/corporate and given us the other applicable Trade Agreements. We acknowledge

ANZ recommends that we read these documents and seek clarification from ANZ about any issues of concern.

Australia and New Zealand Banking Group Limited (ANZ) ABN 11 005 357 522.

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Authorised Signature		Name of Authorised Signatory
Authorised Signature		Name of Authorised Signatory
Company stamp or chop (if applicable):	
ANK USE ONLY		
elease Details vate received (dd/mm/yyyy)	Time received	Signature(s) verified
ancellation Details		Yes No
ate released (dd/mm/yyyy)	Date Cancelled (dd/mm/yyyy)	Signature for Receipt of Documents