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



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PLEASE ENSURE THIS FORM IS	COMPLETED ONLINE (T	YPED)
To: The Manager		
ANZ Trade and Supply Chain	Hong Kong	Date (dd/mm/yyy

Date (o	Date (dd/mm/yyyy)				
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From: (Customer name and address, include company identification number if applicable):

I/we request that ANZ:

endorse the attached guarantee/indemnity signed by me/us to ena production 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 Ass	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:		
Under Documentary Credit No. (If Applicable)	Name of Applicant's Representative: (If Applicable)		

Charges: Debit our following account for all charges relating to this release/guarantee (Note: charges are payable on issue and quarterly thereafter until such time as the instrument is returned to the bank);

Currency			

Account Number

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.

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Authorised Signature

Name of Authorised Signatory

Authorised Signature

Name of Authorised Signatory

Company stamp or chop (if applicable):

BANK USE ONLY		
Release Details		
Date received (dd/mm/yyyy)	Time received	Signature(s) verified    Yes No
Date released (dd/mm/yyyy)	Date Cancelled (dd/mm/yyyy)	Signature for Receipt of Documents