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PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED)

To: The Manager ANZ Trade and Supply Chain Hong Kong

Enter Customer ID

Country

Bank Address

I/We request that you arrange for the following Documentary Credit to be issued as follows:

GENERAL Expiry Date (dd/mm/yyyy) Currency Place of Expiration Amount (Figure) This Credit is **Partial Shipments** Document dispatched in Tolerance %(if any) +/-Confirmation Confirmation Charges are for the account of PARTIES **Beneficiary's Bank**

Applicant

Name	Name
Address	Address
Country	Country
Reference Number	

Beneficiary	
Name	Phone
Address	Contact Name
Country	
TERMS	
Tenor	
Credit available by	Documents presented within days from date of shipment
Beneficiary's draft at (enter number of days)	Drafts to be dated the same date as
All Charges (Mandatory)	
All other bank charges other than Issuing Bank charges for account of	
Term Charges (Not Required for Sight)	
Discount/Interest charges, if applicable, for the account of	Acceptance commission for the account of
REQUIRED DOCUMENTS	
Required Documents (at least in duplicate unless otherwise specified)	
Commercial Invoice Certificate of Origin	Packing List Packing Declaration
Insurance Buyers Care Fumigation Certificate	Other Document (s) Beneficiary Certificate
Insurance Policy or Certificate endorsed in blank for invoice values plus	% covering

TRANSPORT				
Shipping Terms	Location		Transhipment	
0				
	freight marked			
Air transport docu	ument			
freight marked				
Other				
SHIPMENT				
Port of Loading/Airport of	of Departure	Place of Taking Ch	arge/Dispatch From/Rece	eipt
Place of Final Destinatior	n/For Transportation To/Place of Deliv	very Port of Discharge/	Airport of Destination	
Latest Shipment Date (do	d/mm/yyyy)	Origin of Goods		
Purporting to evidence	snipment of			
ATTRIBUTES				
Additional conditions				
	ges to the additional conditions her	20		
SETTLEMENT INSTRUC	ΓΙΟΝ			
Principal	At payment debit account nu	mber		
	At payment finance at our cos	t in	for	days

	FEC/Deal Number			D	ue D	ate	[1		1	1	1 1			
Charges	Debit Account Number								1		 			 	
	(if Applicable)	Debit Account Number [
	(II Applicable)		1	1							1			 	

This application is subject to the terms in the ANZ Trade Terms booklet. We confirm that ANZ has provided us with a copy of the booklet and all other applicable documents and recommends that we read them and seek clarification from ANZ about any issues of concern.

SIGNATORY

Company/Business Name	
Include company identification number if applicable	
Date (dd/mm/yyyy)	
Authorised Signature	Authorised Signature
Name of Authorised Signatory	Name of Authorised Signatory

Company Stamp or Chop (if applicable):

BANK USE ONLY		
OTL Cust ID		
	Signature/s Checked	Fax Indemnity Checked
TRO/TSO Name and Phone	Sanctions Checked	Workability Checked