APPLICATION FOR STANDBY LETTER OF CREDIT
OR DEMAND GUARANTEE FOR THIRD PARTY

ANZ

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)

Date (dd/mm/yyyy)

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

I/We request ANZ to issue a
with the following details in order to facilitate the business transactions of the applicant named below with the beneficiary named below:

Applicant Name

Address

Beneficiary Name

Address

Beneficiary Contact Name / Telephone No

Amount (currency & amount in figures)

Beneficiary's Bank (name and address)

Expiry date in the country of the Issuing bank (dd/mm/yyyy)

Special Conditions

☐ Please issue in your standard wording; or

☐ Please word the Instrument in accordance with the attachment (subject to ANZ approval).

The Instrument to be issued by [select]

Method of dispatch: Instrument to be:

☐ Advised to beneficiary via beneficiary's bank.

☐ Issued direct to the Beneficiary by courier.

☐ Original delivered to Applicant by courier.

☐ Re-issued via a local Bank in the country of the Beneficiary (additional charges will be incurred).

☐ Original deliver to Applicant at ANZ counter

Charges:

Debit our following account for all charges relating to this Instrument (payable on establishment):

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.

Authorised Signature of the Customer

Name of Authorised Signatory

Authorised Signature of the Customer

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

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