

# APPLICATION TO IRREVOCABLY TRANSFER AN EXPORT DOCUMENTARY LETTER OF CREDIT



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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):

  
  

Please complete as appropriate:

## Transferable Documentary Letter of Credit ("Export Credit") details:

Export Credit Number

Issuing bank

Original amount of the Export Credit

Expiry Date (dd/mm/yyyy)

We **enclose** the original of the above Transferable Documentary Letter of Credit (**Export Credit**) issued in our favour together with any attachments and amendments. As the first beneficiary of the Export Credit, we now irrevocably request and authorise ANZ to transfer our rights in the Export Credit in accordance with the following instructions, to the named Transferee below:

Transferee's name

  

Transferee's address

  

Transferee's Bankers

  

Transferee's Bank's Address  
(if known)

  

SWIFT code of Transferee's Bank

If ANZ does not have correspondent banking arrangements with the Transferee's Bank nominated above, ANZ may choose the correspondent bank for the purposes of arranging the transfer of the Export Credit.

## Terms of the transfer of the Export Credit

The transfer of the Export Credit is subject to the same terms and conditions as contained in the Export Credit with the exception of the following:

Amount in figures (including currency)

Amount in words (including currency)

Unit price(s) amend to (as applicable)

Quantity of goods

Place of Expiry

New Expiry Date (dd/mm/yyyy)

New latest shipment date (dd/mm/yyyy)

Presentation period for documents reduced to

 days

(Minimum seven day reduction compared to original Export Credit's period)

The percentage of insurance cover required under the transferred Export Credit is increased to

 %

Other details (if applicable)

Second Beneficiary's Bank fees are for account of

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We retain the right to substitute our own invoices for those of the Transferee and provide our draft for the difference in value.

If, within three business days of notification from ANZ, we have failed to deliver substitute draft and invoices, we hereby authorise ANZ to forward the documents accompanying the draft of the Transferee to the Issuing bank without any responsibility on ANZ's part to pay us the difference between the amount of the Transferee's draft and the amount authorised to be paid under the Export Credit.

Amendments  be advised by ANZ to the Transferee without our consent.

## Charges:

Please debit ANZ's charges for the transfer of the Export Credit (including any SWIFT costs) to our:

Domestic account number

Foreign Currency account number: (Currency & number)

Our bank charges for the transfer of the Export Credit are for the account of:

## Customer agreement:

If not already allowed, we authorise ANZ to seek approval from the Issuing bank of the Export Credit to allow ANZ to act as the Transferring Bank in relation to the Export Credit.

We represent and warrant that the details of the Export Credit and the terms of the transfer specified in this application are true and correct. If ANZ agrees to act upon this application, please advise the Transferee of the terms of the Export Credit and the instructions in this application.

This application, the ANZ Trade Terms, and any other Trade Agreement (as defined in the ANZ Trade Terms) containing terms relating to the Trade Product (as defined in the ANZ Trade Terms) and entered into by ANZ and us (including, without limitation, ANZ's Standard Trade and Supply Chain Tariffs) (collectively, the Terms and Conditions) apply to the Trade Product requested under this application.

By signing this application, we:

- agree that we have a copy of or we have accessed via anz.com the Terms and Conditions; and
- acknowledge that we have read and agree to be bound by the Terms and Conditions.

Signed for and on behalf of the Customer (by the Customer or its Authorised Representatives):

Full Name

Full Name

Position

Position

Signature

Signature

Company stamp or chop (if applicable):

## BANK USE ONLY

Date received (dd/mm/yyyy)

All checks complete

Trade Relationship Officer

Signature(s) verified

Yes  No

Approved by

Manager / Team Leader