



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)

Enter Customer ID

Country

Select Branch

Branch 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

Applicant

Name

Address

Country

Reference Number

Beneficiary's Bank

Name

Address

Country



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

Incoterms (Shipping Terms) 2010 2020 Not Applicable

Incoterms (Shipping Terms) Location

Transshipment

Transport Document

By Sea
 marked freight
 By Air
 marked freight
 Other

SHIPMENT

Port of Loading/Airport of Departure

Place of Taking Charge/Dispatch From/Receipt

Place of Final Destination/For Transportation To/Place of Delivery

Port of Discharge/Airport of Destination

Latest Shipment Date (dd/mm/yyyy)

Origin of Goods

Purporting to evidence shipment of

ATTRIBUTES

Additional conditions

Please specify any changes to the additional conditions here

SETTLEMENT INSTRUCTIONS

Principal At payment debit account number
 At payment finance at our cost in for days

Charges

FEC/Deal Number Due Date

Debit Account Number

Cash Cover
(if Applicable) Debit Account Number

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

ABN (only applicable for Australia)

Date (dd/mm/yyyy)

Authorised Signature

Name of Authorised Signatory

Authorised Signature

Name of Authorised Signatory

Company Stamp or Chop (if applicable):

BANK USE ONLY

OTL Cust ID

 Signature/s Checked Fax Indemnity Checked Sanctions Checked Workability Checked

TRO/TSO Name and Phone