

APPLICATION FORM DOCUMENTARY LETTER OF CREDIT IRREVOCABLE TRANSFERABLE

APPLICANT	NAME:	
	ADDRESS:	
	CONTACT NO.:	
	FAX:	
	EMAIL:	
	CONTACT PERSON:	
AMOUNT OF LC:		
BENEFICIARY BANK	BANK NAME:	
	BANK ADDRESS:	
	BANK SWIFT CODE:	
	BANK ACCOUNT NO.:	
BENEFICIARY	NAME:	
	ADDRESS:	
	PHONE:	
	FAX:	
	EMAIL:	
EXPIRATION DATE:	90 DAYS VALIDITY	
SHIPMENT DETAILS	LATEST SHIPMENT DATE:	15 DAYS BEFORE EXPIRY
	SHIPMENT FROM:	

	SHIPMENT	
	TO:	
	CIF / CFR /	
	FOB	
PARTIAL SHIPMENT	ALLOWED /	
	NOT	ALLOWED
	ALLOWED	
TRANS-SHIPMENT	ALLOWED /	
	NOT	ALLOWED
	ALLOWED	
PROFORMA INVOICE	MERCHANDI ZE	
	DESCRIPTIO	
	N:	
	PROFORMA	
	INVOICE	
	REF:	
	PROFORMA	
	INVOICE	
	DATE:	
REQUIRED		
DOCUMENTS		
TRANSFERABLE	YES / NO	YES
INSTRUMENT SENT VIA:	SWIFT:	YES
	TELEX:	N/A
	COURIER:	
	BENEFICIAR	N/A
	Y	
	CONTACT	
	PERSON:	
	FULL	N/A
	ADRESS:	N/A
	PHONE:	N/A
	EMAIL:	N/A
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