



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 Bank

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

Applicant

Name

Address

Country

Ref No

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)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Commercial Invoice | <input type="checkbox"/> Certificate of Origin | <input type="checkbox"/> Packing List | <input type="checkbox"/> Packing Declaration |
| <input type="radio"/> Insurance Buyers Care | <input type="checkbox"/> Fumigation Certificate | <input type="checkbox"/> Other Document (s) <input type="text"/> | <input type="checkbox"/> Beneficiary Certificate |
| <input type="radio"/> Insurance Policy or Certificate endorsed in blank for invoice values plus | | | <input type="text"/> % covering |

TRANSPORT

Shipping Terms Location Transhipment

freight marked

Air transport document

freight marked

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)

Purporting to evidence shipment of

ATTRIBUTES

Additional conditions

Please specify any changes to the additional conditions here

SETTLEMENT INSTRUCTIONS

Principal

At payment **debit** account No.

At payment finance at our cost in for days

FEC / Deal No. Due date

Charges

Debit Account No.

Cash Cover
(if Applicable) Debit Account No.

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

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 & Phone

Sanctions Checked

Workability Checked