# 

# APPLICATION FORM

# DOCUMENTARY LETTER OF CREDIT

|  |  |
| --- | --- |
| 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: |  |
| LATEST SHIPMENT DATE: |  |
| SHIPMENT FROM: |  |
| SHIPMENT TO: |  |
| TERMS FOB/CIF/CFR/DDP |  |
| SHIPMENT BY SEA/AIR/LAND |  |
| PARTIAL SHIPMENT ALLOWED / NOT ALLOWED |  |
| TRANS-SHIPMENT ALLOWED / NOT ALLOWED |  |
| PROFORMA INVOICE |  |
| MERCHANDIZE DESCRIPTION: |  |
| PROFORMA INVOICE REF: |  |
| PROFORMA INVOICE DATE: |  |
| REQUIRED DOCUMENTS |  |
| TRANSFERABLE YES / NO |  |
| INSTRUMENT SENT VIA: |  |
| SWIFT: |  |
| TELEX: |  |
| COURIER: |  |
| BENEFICIARY CONTACT PERSON: |  |
| FULL ADDRESS: |  |
| PHONE: |  |
| EMAIL: |  |