

APPLICATION FORM – STANDBY LETTER OF CREDIT

DATE: MM-DD-YY

|                         |                          |                                                                                                                                                                                                                             |
|-------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLICANT               | BUSINESS NAME:           |                                                                                                                                                                                                                             |
|                         | ADDRESS:                 |                                                                                                                                                                                                                             |
|                         | CONTACT NUMBER:          |                                                                                                                                                                                                                             |
|                         | EMAIL ADDRESS:           |                                                                                                                                                                                                                             |
|                         | CONTACT PERSON:          |                                                                                                                                                                                                                             |
| AMOUNT OF SBLC:         |                          |                                                                                                                                                                                                                             |
| PURPOSE OF SBLC:        |                          |                                                                                                                                                                                                                             |
| BENEFICIARY BANK        | BANK NAME:               |                                                                                                                                                                                                                             |
|                         | BANK ADDRESS:            |                                                                                                                                                                                                                             |
|                         | BANK ACCOUNT NAME:       |                                                                                                                                                                                                                             |
|                         | BANK ACCOUNT NUMBER:     |                                                                                                                                                                                                                             |
|                         | BANK SWIFT CODE:         |                                                                                                                                                                                                                             |
|                         | BANK OFFICERS NAME:      |                                                                                                                                                                                                                             |
|                         | BANK OFFICERS TEL. NO.:  |                                                                                                                                                                                                                             |
|                         | BANK OFFICERS EMAIL:     |                                                                                                                                                                                                                             |
| BENEFICIARY             | BUSINESS NAME:           |                                                                                                                                                                                                                             |
|                         | ADDRESS:                 |                                                                                                                                                                                                                             |
|                         | PHONE NUMBER:            |                                                                                                                                                                                                                             |
|                         | EMAIL ADDRESS:           |                                                                                                                                                                                                                             |
|                         | CONTACT PERSON:          |                                                                                                                                                                                                                             |
| EXPIRATION DATE:        |                          | XX DAYS VALIDITY                                                                                                                                                                                                            |
| LATEST SHIPMENT DATE:   |                          | 15 DAYS BEFORE EXPIRY                                                                                                                                                                                                       |
| 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        | MERCHANDISE DESCRIPTION: |                                                                                                                                                                                                                             |
|                         | PROFORMA INV. REF:       |                                                                                                                                                                                                                             |
|                         | PROFORMA INV DATE:       |                                                                                                                                                                                                                             |
| REQUIRED DOCUMENTS:     |                          |                                                                                                                                                                                                                             |
| TRANSFERABLE            | YES / NO                 |                                                                                                                                                                                                                             |
| SENDING INSTRUMENT VIA: |                          | <input type="checkbox"/> SWIFT / <input type="checkbox"/> SECURED EMAIL / <input type="checkbox"/> COURIER<br><br>IF BY COURIER, PLEASE FILL OUT BELOW:<br>BENEFICIARY CONTACT PERSON:<br>FULL ADDRESS:<br>PHONE:<br>EMAIL: |
| TENURE:                 |                          |                                                                                                                                                                                                                             |