



**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	MERCHANDISE DESCRIPTION:	
	PROFORMA INVOICE REF:	
	PROFORMA INVOICE DATE:	
REQUIRED DOCUMENTS		
TRANSFERABLE	YES / NO	YES
INSTRUMENT SENT VIA:	SWIFT:	YES
	TELEX:	N/A
	COURIER:	
	BENEFICIARY CONTACT PERSON:	N/A
	FULL ADDRESS:	N/A
	PHONE:	N/A
	EMAIL:	N/A