

Application for Irrevocable Letter of Credit



Date:

Please tick in the appropriate box, and fill out this form properly. Once you have completed, please present the original form to your local ABA Bank branch or contact your Relationship Manager of ABA Bank, or call the Bank Call Center on +855(0)23 225 333

Please open the following Letter of Credit Subject to UCP Latest Version (International Chamber of Commerce):

(20) Documentary Credit No. (filled by Bank):

APPLICANT AND BENEFICIARY INFORMATION

(50) Applicant's Name:

(50) Applicant's Address:

(59) Beneficiary's Name:

(59) Beneficiary's Address:

DETAILS OF LETTER OF CREDIT

(32B) Currency and Amount in Figures: Amount in Words:

(39A) % Credit Amount Tolerance:

(41A) Available with: by Negotiation Payment Acceptance Mixed Payment

(42P) Deferred Payment Details: (42M) Mixed Payment Details:

(31D) Date and Place of Expiry: Place:

(42C) Drafts at: Sight Usance at days From:

(42A) Drawee: ABA Bank Confirming Bank

(43P) Partial Shipments: Allowed Not Allowed (43T) Transshipment: Allowed Not Allowed

(44A) Place of Taking in Charge / Dispatch From / Place of Receipt:

(44B) Final Destination / For Transportation to: (44C) Latest Shipment Date:

(44E) Port of Loading / Airport of Departure:

(44F) Port of Discharge / Airport of Departure:

(45A) DESCRIPTION OF GOODS AND/OR SERVICES

Incoterms 2010: FOB CIF CFR Others

(46A) DOCUMENTS REQUIRED

(Please indicate the number of originals / copies)

(47A) ADDITIONAL CONDITIONS

(71B) Charges: Applicant's Account Beneficiary's Account Comment

(48) Period for presentation of documents: days from shipment date but within validity of the credit

(49) Confirmation Instructions: Without Confirm May Add

Confirmation Charges: Applicant's Account Beneficiary's Account

(57A) Advise Through Bank: SWIFT:

We authorise you to debit our account number for a margin amount (if any), amount of any payments, fees and charges under the LC.

By signing this form, I/we confirm that I/we have read and understood the terms and conditions provided at the counter or on ABA Bank's website and I/we agree to with them.

Company Stamp
(optional)

Authorised Signature(s)

Name and phone number of contact person

FOR BANK USE ONLY

Received by: _____	Amount of FCY <input type="text"/>
Processed by: _____	Collateral <input type="text"/>
Verified by: _____	Margin @ <input type="text"/>
Approved by: _____	Commission @ <input type="text"/>
	Cable <input type="text"/>
	Total <input type="text"/>