

Instructions for opening a Documentary Credit

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Copy for the bank

Name and address of the applicant:

Name

Name

Street

Post code/place

Contact person for further information

Phone No. _____ Fax _____

E-Mail

Our ref.-number: _____

Account number/IBAN

To

- ☐ irrevocable ☐ transferable
☐ by teletransmission/S.W.I.F.T. ☐ with preadvice by telecommunication/S.W.I.F.T.

☐ The third party mentioned is a majority owned subsidiary (>50% share)
Consequently, please issue the documentary credit for the economic interest of: (no P.O. Box address)

Name _____
Street, number _____
Postal Code, City _____
Country _____

Duty of the account holder to cooperate pursuant to the German Money-Laundering Act:

In the event that the mandatory information given to the bank, changes in the course of the business relationship, the account holder is obliged to notify the bank without undue delay.

Date of expiry _____ Place of expiry _____

Name and address of beneficiary

Bank of the beneficiary

S.W.I.F.T.-Code : _____
(You are authorised to advise this credit to the beneficiary through a correspondent of your choice)

Currency and amount _____
☐ exactly ☐ tolerances: ☐ +/- 10% ☐ others _____

Credit available with: ☐ you by: ☐ sight payment
☐ your correspondent bank ☐ deferred payment, due _____
☐ acceptance

Against presentation of the documents detailed herein and
☐ beneficiary's draft due at/on _____ drawn on _____
(name of the bank)

Shipment
Partial shipment ☐ allowed ☐ not allowed ☐ conditional* Transshipment ☐ allowed ☐ not allowed ☐ conditional*

* Please specify accordingly in field description of goods, additional conditions or shipment period

Place of taking in charge/dispatch from . . . /place of receipt** _____
Port of loading/airport of departure _____
Port of discharge/airport of discharge _____
Place of final destination/for transportation to . . . /place of delivery** _____

** in case of a multimodal transport document

☐ not later than _____ ☐ shipment period

Copy for the bank

☐ Insurance policy ☐ Insurance certificate, covering the following risks:

☐ exactly CIF value ☐ minimum _____ %

☐ Insurance will be covered by us

☐ Certificate of origin _____ original(s) _____ copy(ies) Country of origin: _____

☐ certified by _____

<input type="checkbox"/> Forwarders certificate of receipt (FCR)	<input type="text"/> original(s)	<input type="text"/> copy(ies)	<input type="text"/>
<input type="checkbox"/> Packing list	<input type="text"/> original(s)	<input type="text"/> copy(ies)	<input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/> original(s)	<input type="text"/> copy(ies)	<input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/> original(s)	<input type="text"/> copy(ies)	<input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/> original(s)	<input type="text"/> copy(ies)	<input type="text"/>

☐ other terms

Documents to be presented within ____ days after

- ☐ the date of transport document
- ☐ the invoice date
- ☐ _____

IBAN BIC

Stamp and authorised signature(s)

Instructions for opening a Documentary Credit

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Copy for the customer

Name and address of the applicant:

Name

Name

Street

Post code/place

Contact person for further information

Phone No. Fax

E-Mail

Our ref.-number:

Account number/IBAN

To

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<input type="checkbox"/> <input type="text"/>	<input type="text"/> original(s)	<input type="text"/> copy(ies)	<input type="text"/>
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