

REQUEST FOR ISSUANCE OF DOMESTIC LETTER OF CREDIT (LC)

To,
The Manager
Bandhan Bank
Branch_____

I/We hereby request you to issue an irrevocable documentary letter of credit (LC) as per the details given below and against the limit sanctioned to us. We also state that the applicant shall pay the requisite stamp duty on the LC (or documents presented under it) as may be payable under the extant laws.

Unless otherwise expressly stated in the application, the credit is subject to Uniform Customs and practice for Documentary Credits (UCPDC) as per the latest ICC publication.

PARTICULARS	DETAILS
TYPE OF L/C	IRREVOCABLE ONLY
DATE & PLACE OF EXPIRY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y Y Y Y M M D D
NAME & ADDRESS OF THE APPLICANT	
NAME & ADDRESS OF THE BENEFICIARY	
AMOUNT OF CREDIT	AMOUNT : AMOUNT IN WORDS: _____ _____ _____
ADDITIONAL AMOUNT COVERED	TOLERANCE: + (PLUS) % ____ - (MINUS) % ____
INCOTERMS	<input type="checkbox"/> EXW, <input type="checkbox"/> FCA, <input type="checkbox"/> CPT, <input type="checkbox"/> CIP <input type="checkbox"/> OTHERS (SPECIFY) _____
CREDIT AVAILABLE WITH.....	NAME OF THE BANK:

CREDIT AVAILABLE BY.....	<input type="checkbox"/> ACCEPTANCE <input type="checkbox"/> DEFERRED PAYMENT <input type="checkbox"/> PAYMENT <input type="checkbox"/> NEGOTIATION
USANCE OF DRAFTS*	<input type="checkbox"/> _____ DAYS FROM THE DATE OF SHIPMENT <input type="checkbox"/> _____ DAYS SIGHT <input type="checkbox"/> OTHERS, PLEASE SPECIFY _____
DEFERRED PAYMENT DETAILS*	<input type="checkbox"/> _____ DAYS FROM THE DATE OF SHIPMENT <input type="checkbox"/> OTHERS, PLEASE SPECIFY _____
PARTIAL SHIPMENT	<input type="checkbox"/> PERMITTED <input type="checkbox"/> PROHIBITED
TRANSSHIPMENT	<input type="checkbox"/> PERMITTED <input type="checkbox"/> PROHIBITED
SHIPMENT FROM	
SHIPMENT TO	
LATEST DATE OF SHIPMENT	
DESCRIPTION OF GOODS OR SERVICES	
INSURANCE DOCUMENT BY APPLICANT	IN CASE OF Incoterms EXW, FCA, FAS, FOB, CFR, CPT APPLICANT TO PROVIDE INSURANCE DOCUMENT - INSURER: _____ POLICY NO.: _____ ISSUED ON.: _____ VALID TILL: _____
DOCUMENTS REQUIRED <i>(kindly tick the box for inclusion)</i>	
<input type="checkbox"/> BILL OF EXCHANGE / DRAFT DRAWN ON ISSUING BANK/ _____ <input type="checkbox"/> SIGNED COMMERCIAL INVOICE (_____ COPIES) MADE OUT IN THE NAME OF APPLICANT, NOT EXCEEDING THE CREDIT AMOUNT AND CERTIFYING THAT THE GOODS ARE AS PER THE PURCHASE ORDER/ _____ NUMBER _____ DATED _____	

LORRY RECEIPT/AIR WAY RECEIPT/RAIL WAY RECEIPT CONSIGNED TO ICICI BANK LTD A/C _____

PACKING LIST IN ____ ORIGINAL AND ____ COPIES

INSURANCE DOCUMENT IN CASE OF 'CIF' OR 'CIP' INCOTERMS: INSURANCE POLICY/CERTIFICATE IN ORIGINAL DATED NOT LATER THAN THE DATE OF DISPATCH MADE TO ORDER AND BLANK ENDORSED FOR 110% OF INVOICE VALUE. TRANSSHIPMENT MUST BE COVERED IF GOODS ARE SUBJECT TO TRANSSHIPMENT. SUCH INSURANCE POLICY SHOULD REMAIN VALID FOR ATLEAST 50 DAYS AFTER THE DATE OF SHIPMENT OF GOODS.

(IN CASE THE INSURANCE IS COVERED BY THE APPLICANT) - BENEFICIARY TO GIVE INTIMATION OF DISPATCH TO APPLICANT BY FAX AT FAX NO. _____ AND TO THE INSURANCE COMPANY AT FAX NO. _____. RESPECTIVE FAX TRANSMISSION REPORTS TO BE PRESENTED UNDER THE LC.

TEST CERTIFICATION / INSPECTION CERTIFICATE ISSUED BY _____

OTHERS (PLEASE SPECIFY)

ADDITIONAL CONDITIONS	<ul style="list-style-type: none">• ALL DOCUMENTS MUST BE IN ENGLISH• ALL DOCUMENTS MUST MENTION OUR LC NUMBER AND DATE• STALE DOCUMENTS ARE NOT ACCEPTABLE• TRANSPORT DOCUMENT DATED PRIOR TO THE DATE OF ISSUANCE OF LC IS NOT ACCEPTABLE• _____
CHARGES	<p><input type="checkbox"/> ISSUING BANK CHARGES ARE ON ACCOUNT OF THE APPLICANT. ALL OTHER CHARGES ON ACCOUNT OF THE BENEFICIARY.</p> <p><input type="checkbox"/> OTHERS (PLEASE SPECIFY)</p>
PERIOD OF PRESENTATION	<p><input type="checkbox"/> DOCUMENTS SHOULD BE PRESENTED WITH 21 DAYS FROM OR AFTER THE DATE OF SHIPMENT</p> <p><input type="checkbox"/> OTHERS (PLEASE SPECIFY):</p>

CONFIRMATION INSTRUCTIONS	<input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT
ADVISE THROUGH	
IFSC CODE OF ADVISING BANK	

* DRAFT IS MANDATORY, IF LC IS AVAILABLE BY 'ACCEPTANCE'. DRAFT IS NOT APPLICABLE IF LC IS AVAILABLE BY 'DEFERRED PAYMENT'.

NOTE:

- Please attach additional page duly signed, for any additional documents / special conditions, which will form part of this application
- Stamping applicable at the rates specified by the Stamp Act for all bills with usance period greater than 90 days
- LC application form has to be signed on all the pages by the authorized signatory (ies) of the applicant
- For corporate clients, authorised signatory must be authorized as per the BR to avail this facility

Signature:

Authorized Signatory

(Stamp of the Firm/Company)

Place -

Date -