

## APPLICATION FORM DLC

<b>APPLICANT</b>	BUSINESS NAME:	
	ADDRESS:	
	CONTACT NO.:	
	EMAIL:	
	CONTACT PERSON:	
<b>AMOUNT OF LC:</b>		
<b>BENEFICIARY BANK</b>	BANK NAME:	
	BANK ADDRESS:	
	BANK SWIFT CODE:	
	BANK ACCOUNT NO.:	
<b>BENEFICIARY</b>	BUSINESS NAME:	
	ADDRESS:	
	PHONE:	
	EMAIL:	
<b>EXPIRATION DATE:</b>	<b>90 DAYS VALIDTY</b>	
	LATEST SHIPMENT DATE:	<b>15 DAYS BEFORE EXPIRY</b>
	SHIPMENT FROM:	
	SHIPMENT TO:	
<b>TERMS</b>	FOB/CIF/CFR/DDP	
<b>SHIPMENT BY</b>	SEA/AIR/LAND	
<b>PARTIAL SHIPMENT</b>	ALLOWED / NOT ALLOWED	<b>ALLOWED</b>
<b>TRANS-SHIPMENT</b>	ALLOWED / NOT ALLOWED	<b>ALLOWED</b>
<b>PROFORMA INVOICE</b>	MERCHANDIZE DESCRIPTION:	
	PROFORMA INVOICE REF:	
	PROFORMA INVOICE DATE:	
<b>REQUIRED DOCUMENTS</b>		
<b>TRANSFERABLE</b>	YES / NO	
<b>INSTRUMENT SENT VIA:</b>	SWIFT:	
	TELEX:	
	COURIER:	
	BENEFICIARY CONTACT PERSON:	
	FULL ADRESS:	
	PHONE:	
	EMAIL:	