

REQUEST FOR LC NEGOTIATION

To :

BANK USE ONLY

BILL REF

We enclose the following documents drawn under the Letter of Credit mentioned below for negotiation/payment from the Issuing Bank.

Date :

BENEFICIARY'S NAME & ADDRESS	ISSUING BANK & ADDRESS
INVOICE / REF NO.	
BILL AMOUNT	LC NO.
TENOR	LC ISSUE DATE
DESCRIPTION OF GOODS	LC ADVISING REF

PAYMENT INSTRUCTIONS

<input type="checkbox"/> ADVANCE US IMMEDIATELY, A/C NO.	<input type="checkbox"/> CREDIT US UPON RECEIPT OF FUNDS, A/C NO.
<input type="checkbox"/> OFFSET OUR IMPORT BILLS UNDER REF	<input type="checkbox"/> PLEASE UTILISE CONTRACT REF
<input type="checkbox"/> HOLD PROCEEDS AND CONTACT US FOR FURTHER INSTRUCTIONS	<input type="checkbox"/> PLEASE REMIT PROCEEDS TO : *Please refer below for Terms & Conditions

SPECIAL INSTRUCTIONS

<input type="checkbox"/> IN CASE OF DISCREPANCIES, CONTACT: TEL: NAME: FAX:	<input type="checkbox"/> PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK BY COURIER SERVICE AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT
<input type="checkbox"/> PLEASE TELEX ISSUING BANK FOR ACCEPTANCE OF DISCREPANCIES	<input type="checkbox"/> PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK FOR PAYMENT/ ACCEPTANCE BY COURIER WITHOUT CHECKING AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT
<input type="checkbox"/> WE ARE NOT AMENDING DOCUMENTS, PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK FOR PAYMENT/ACCEPTANCE BY COURIER AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT	<input type="checkbox"/>

DOCUMENTS ATTACHED (PLEASE ATTACH ADDITIONAL COPY OF INVOICE AND NON-NEGO B/L, AWB OR DO, OTHERWISE S\$10 WILL BE CHARGED)

Draft	Comm Invoice	Packing List	Weight List	Cert of Origin	Insurance Pol/Cert	B/L	Airway Bill	Delivery Order	Bene's Cert	L/C	L/C Amend		

In consideration of your agreeing to negotiate at our request our drafts &/or documents under the said Letter of Credit which has not been confirmed by you, we agree with you that such negotiation shall be made under full recourse to us subject to final payment by the Credit Issuing Bank. We further agree that unless otherwise agreed in writing, all charges or interest incurred shall be for our account at your prescribed rate. This negotiation is subject to the Revision of the Uniform Customs & Practice, International Chamber of Commerce Publication stated in the said Letter of Credit.

*We (the Applicant) consent to the Bank, its officials, employees, correspondents and agents disclosing any information regarding the Applicant's particulars, this Application, the subject matter thereof and the Applicant's accounts and affairs (including but not limited to the Applicant's name, account number/unique reference number, address, unique identification number and/or date and place of birth) as the Bank shall deem appropriate for the purpose of any investigations relating to the Application made herein, any transaction connected therewith and/or towards compliance with law, regulations, guidelines, directives and/or such other requirements of regulatory authorities.

AUTHORISED SIGNATURE(S)

NAME(S) :

FOR BANK USE ONLY

REIMBURSING BANK	BILL AMOUNT DOC COMM COMM IN LIEU POSTAGE/COURIER OTHERS AMT TO CLAIM	DOCS TAKEN INITIAL DATE DOCS RETURNED DATE
PAYMENT METHOD	CHECKER (FIRST) DATE CHECKER (SECOND) DATE LC EXPIRY LATEST PRESENTATION	<input type="checkbox"/> ADVANCE CUSTOMER <input type="checkbox"/> CREDIT CUSTOMER UPON RECEIPT OF FUNDS <input type="checkbox"/> FORWARD DOCS FOR PAYMENT <input type="checkbox"/> TELEX FOR AUTHORITY TO NEGOTIATE <input type="checkbox"/>
DESPATCH DOCS BY <input type="checkbox"/> AIRMAIL <input type="checkbox"/> COURIER IN ONE/TWO SETS		
CHARGES FOR A/C OF <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> APPLICANT		
TELEX ISSUING BANK <input type="checkbox"/> YES <input type="checkbox"/> NO		
LC RESTRICTED TO		APPROVED BY

Attention : _____ From : _____

Our Ref : _____ Bill Amount : _____ Under Invoice No.: _____

We have to refuse negotiation/honour due to the following discrepancies. Meanwhile, we are holding documents at your disposal. Should you wish to amend the documents, please contact us. If you do not wish to amend the discrepancies and instead wish us to telex issuing bank for acceptance of the said discrepancies or send documents for acceptance/payment, please authorise us accordingly. Discrepancies noted:

[illegible]

PLEASE COLLECT YOUR DOCUMENTS FOR CORRECTION FROM : _____ TEL NO. : _____

AT ITSr-EXPORT DEPARTMENT, UOB PLAZA 1, 8TH FLOOR, COLLECTION TIME: 9.00AM TO 12.00PM & 2.00PM TO 5.00PM

PLEASE CONTACT US AT THE ABOVE TELEPHONE NUMBER FOR FURTHER ENQUIRIES.

CONFIDENTIALITY CAUTION: ANY PERSON RECEIVING THIS COMMUNICATION AND ANY ENCLOSURE(S) , SHALL TREAT THE INFORMATION AS CONFIDENTIAL AND NOT MISUSE, COPY, DISCLOSE, DISTRIBUTE OR RETAIN THE INFORMATION IN ANY WAY THAT AMOUNTS TO A BREACH OF CONFIDENTIALITY. IF YOU ARE NOT THE INTENDED RECIPIENT, PLEASE INFORM THE SENDER IMMEDIATELY AT THE FAX NUMBER OR TELEPHONE NUMBER SHOWN(CALL COLLECT IF NECESSARY) AND DESTROY ALL COPIES OF THIS COMMUNICATION.

PLEASE NOTE THAT IT REMAINS YOUR RESPONSIBILITY TO ENSURE COMPLIANCE OF THE RELEVANT DOCUMENTS WITH THE TERMS/CONDITIONS OF THE LETTER OF CREDIT.
THE DISCREPANCIES IDENTIFIED ABOVE MAY NOT BE EXHAUSTIVE.

To :

Please proceed to forward the documents to the issuing bank for payment/acceptance notwithstanding the discrepancies listed above.

Authorised Signature(s) & Company Stamp / Company Name
Name(s)

Date _____

REQUEST FOR LC NEGOTIATION

To :

LIMITED

We enclose the following documents drawn under the Letter of Credit mentioned below for negotiation/payment from the Issuing Bank.

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BANK USE ONLY

BILL REF



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INVOICE / REF NO.	
BILL AMOUNT	LC NO.
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PAYMENT INSTRUCTIONS

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AUTHORISED SIGNATURE(S)

NAME(S) :

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REIMBURSING BANK	BILL AMOUNT DOC COMM COMM IN LIEU POSTAGE/COURIER OTHERS AMT TO CLAIM	DOCS TAKEN INITIAL DATE DOCS RETURNED DATE
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CHARGES FOR A/C OF <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> APPLICANT		
TELEX ISSUING BANK <input type="checkbox"/> YES <input type="checkbox"/> NO		
LC RESTRICTED TO		APPROVED BY

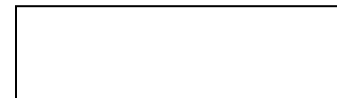
NO .

SINGAPORE _____

AT _____

OF THE **FIRST** BILL OF EXCHANGE (SECOND UNPAID) PAY TO THE ORDER OF

THE SUM OF _____



VALUE RECEIVED Drawn Under: _____

Irrevocable Documentary Credit No.: _____

Dated: _____

TO _____

AUTHORISED SIGNATURE (S) & COMPANY STAMP / COMPANY NAME

NO .

SINGAPORE _____

AT _____

OF THE **SECOND** BILL OF EXCHANGE (FIRST UNPAID) PAY TO THE ORDER OF

THE SUM OF _____

VALUE RECEIVED Drawn Under: _____

Irrevocable Documentary Credit No.: _____

Dated: _____

TO _____

AUTHORISED SIGNATURE (S) & COMPANY STAMP / COMPANY NAME

NO .

SINGAPORE _____

AT _____

OF THE **FIRST** BILL OF EXCHANGE (SECOND UNPAID) PAY TO THE ORDER OF

THE SUM OF _____

VALUE RECEIVED Drawn Under: _____

Irrevocable Documentary Credit No.: _____

Dated: _____

COPY

TO _____

AUTHORISED SIGNATURE (S) & COMPANY STAMP / COMPANY NAME