ORIGINAL COPY

To:



									BANK USE ONLY	•			
We enclose	drafts and doo	cuments as de	scribed below	for:					BILL REF				
Collection Immediate Credit						Date:							
DRAWER'S NAME & ADDRESS							AME & ADDRE	SS					
TELEPHONE N	0.				SEND DOCS	SEND DOCS TO (BANK NAME & ADDRESS)							
					-								
CONTACT PERS	SON												
255 110													
REF NO.													
BILL AMOUNT													
						_							
TENOR		SIG	HT/ FROM			(IF NOT INDI	CATED, KINDLY	NOMINATE BANK	AT YOUR DISCRE	TION)			
DECCRIPTION.	05.00000					DECDATE:	0.5111451170 B)			¬			
DESCRIPTION	OF GOODS					DESPATCH D	OCUMENTS BY		JRIER [AIRMAIL			
COLLECTION	INSTRUCTIO	ONS											
DELIVER DOCU	JMENTS AGAINST					ADVICE NON	ADVICE NON-ACCEPTANCE AND/OR NON-PAYMENT BY						
PAYMEN	Т		ACCEPTANCE			TELET	TELETRANSMISSION MAIL						
PROTES	T FOR NON-ACCE	PTANCE AND/OR	NON-PAYMENT			COLLE	CT INTEREST F	ROM DRAWEE AT _	% F	A FROM			
WE HEREBY A	UTHORISED UOB	TO DEBIT OUR A	CCOUNT										
		("account num	nber") FOR THE F	PROTEST FEES.									
YOUR CHARGE	S ARE TO BE PAI	D BY				YOUR CORRESPONDENT'S CHARGES ARE TO BE PAID BY							
US			DRAWEE			US DRAWEE							
ACCEPT/	ANCE / PAYMENT	MAY AWAIT ARRI	VAL OF GOODS				IN CASE OF NEED REFER TO						
DO NOT	WAIVE CHARGES					— WHO	IS AUTHURISE	J IO PERFORM IN	E FULLOWING				
DAVMENT IN	STRUCTIONS												
	E US IMMEDIATE					CREDIT US UPON RECEIPT OF FUNDS, A/C NO							
OFFSET OUR IMPORT BILLS UNDER REF HOLD PROCEEDS AND CONTACT US FOR FURTHER INSTRUCTIONS							PLEASE UTILISE CONTRACT REF PLEASE REMIT PROCEEDS TO:						
HOLD P	ROCEEDS AND CC	JNIACI US FUR F	UKIHEK INSTRUC	TIONS			*Please refer below for Terms & Conditions						
DOCUMENTS	ATTACHED ((We attach a	dditional cop	y of invoice	and non-neg	o B/L)							
Draft	Comm Invoice	Packing List	Weight List	Cert of Origin	Insurance Pol/ Cert	B/L	Airway Bill	Delivery Order					
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	1	1	1	1		1	1		1	1	1		
Special Inst													
of the full va	lue of the sai	d drafts: in th	ne absence of	such receipt	t and collection	n by you, we	will, upon v	our demand re	imburse vou	for the amou	l receipt by you nt so advanced		
plus interest	thereon at yo	our prescribe	d rate from the ress mention	ie date of th	e said advance	e until the da	te of payme	ent. If the draf	ts are returne	ed unpaid, do	cuments are to		
	, ,				r Collections, I	nternational (hamber of	Commerce Pub	lication curre	ently in force.			
*We (the Ap	plicant) conse	ent to the Ba	nk, its official	s, employee	s, corresponde	ents and agen	ts disclosin	g any informa	ion regarding	the Applica	nt's particulars,		
this Applicat	ion, the subie	ect matter the	reof and the	Applicant's a	ccounts and a	ffairs (includi	ng but not I	imited to the A	oplicant's na	me. account	number/unique investigations		
relating to th	e Application	made herein,	, any transacti	ion connecte	d therewith an	d/or towards	compliance	with law, regu	lations, guide	elines, directiv	es and/or such		
other require	ements of reg	utatory autho	orities.					FOR BANK USE ON	LY				
								_					
									CUSTOMER	RECEIPT OF FUND	S		
ALITHODISES ST	CNIATURE(C) ***	COMPANY STATE	D.		-				5. 5.1				
AUTHORISED SI	GNATURE(S) AND	COMPANY STAM	r										

APPROVED BY

To:

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Collection Immediate Credit							Date:						
DRAWER'S NAME & ADDRESS							NAME & ADDRESS	5					
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CONTACT PERS	SON												
REF NO.													
BILL AMOUNT													
TENOR		SIG	SHT/ FROM			(IF NOT IND	(IF NOT INDICATED, KINDLY NOMINATE BANK AT YOUR DISCRETION)						
DESCRIPTION	OF GOODS					DESPATCH I	DESPATCH DOCUMENTS BY COURIER AIRMAIL						
COLLECTION	INSTRUCTIO	ONS											
DELIVER DOCU	JMENTS AGAINST					ADVICE NO	ADVICE NON-ACCEPTANCE AND/OR NON-PAYMENT BY						
PAYMEN	IT		ACCEPTANCE			TELET	TELETRANSMISSION MAIL						
PROTES	T FOR NON-ACCE	PTANCE AND/OR	NON-PAYMENT			COLL	ECT INTEREST FR	OM DRAWEE AT _	%	6 P.A FROM			
WE HEREBY A		TO DEBIT OUR A ("account num		PROTEST FEES.									
YOUR CHARGE	S ARE TO BE PAI	ID BY				YOUR CORF	YOUR CORRESPONDENT'S CHARGES ARE TO BE PAID BY						
US			DRAWEE			US	US DRAWEE						
ACCEPTA	ANCE / PAYMENT	MAY AWAIT ARRI	VAL OF GOODS			IN C	IN CASE OF NEED REFER TO						
DO NOT	WAIVE CHARGES	S					WHO IS AUTHORISED TO PERFORM THE FOLLOWING						
PAYMENT IN	ISTRUCTIONS	5											
ADVANC	E US IMMEDIATE	ELY, A/C NO				CRED	IT US UPON REC	EIPT OF FUNDS, A	VC NO				
OFFSET OUR IMPORT BILLS UNDER REF							PLEASE UTILISE CONTRACT REF						
HOLD P	ROCEEDS AND CO	ONTACT US FOR F	URTHER INSTRU	ICTIONS			SE REMIT PROCE		tions				
DOCUMENTS	S ATTACHED	(We attach a	dditional co	py of invoice	e and non-neg	go B/L)							
Draft	Comm Invoice	Packing List	Weight List	Cert of Origin	Insurance Pol/ Cert	B/L	Airway Bill	Delivery Order					
	invoice	List	List	Oligin	Toy cert		Ditt	Order					
Enocial Inch	rustions												
Special Inst		on airon for t	ho drafte da	scribad barai	in it is agreed	that such cros	dit is condition	aal unan and	is subject t	o collection and	l receipt by ye		
of the full va plus interest	llue of the sai thereon at y	id drafts; in th our prescribe	ne absence o d rate from t	f such receip he date of the	ot and collection	n by you, we	will, upon vo	ur demand re	imburse vo	o collection and u for the amou ned unpaid, do	nt so advance		
	, ,	ail to the add			or Collections	Intornational	Chambar of C	ommores D.L	dication	rranth, in face-			
	•				-					rrently in force.			
this Applicat reference nu relating to th	ion, the subje mber, address se Application	ect matter the s, unique ider made herein	reof and the ntification num , any transac	Applicant's mber and/or	accounts and a date and place	affairs (includ of birth) as t	ing but not lii he Bank shall	mited to the A deem approp	Applicant's riate for the	ing the Applica name, account purpose of any delines, directiv	number/uniqu y investigation		
		gulatory autho					•	OR BANK USE ON			-		
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) CUSTOMER ISTOMER UPO	N RECEIPT OF FUND)S		
ALITHODISED OF	CNATURE(C) AND	COMPANY CTAR	D		_								
AUTHORISED SI NAME(S):	GNATUKE(S) AND	COMPANY STAM	ır										

FRN-4.6 (R6.07)

APPROVED BY

NO.	SINGAPORE
AT	OF THE FIRST BILL OF EXCHANGE (SECOND UNPAID) PAY TO THE ORDER OF
THE SUM OF	
VALUE RECEIVED	
TO	
	AUTHORISED SIGNATURE (S) & COMPANY STAMP / COMPANY NAME

FRN-3.11(R7.03)

NO .	SINGAPORE
AT	OF THE SECOND BILL OF EXCHANGE (FIRST UNPAID) PAY TO THE ORDER OF
THE SUM OF	
VALUE RECEIVED	
TO	
	ALITHORISED SIGNATURE (S) & COMPANY STAMP / COMPANY NAME

FRN-3.11(R7.03)

NO.	SINGAPORE
AT	
THE SUM OF	
VALUE RECEIVED	- [0]/
то	

FRN-3.11(R7.03)

AUTHORISED SIGNATURE (S) & COMPANY STAMP / COMPANY NAME