



To:

We enclose drafts and documents as described below for :

☐ Collection ☐ Immediate Credit

Date:

BANK USE ONLY

BILL REF

DRAWER'S NAME & ADDRESS	DRAWEE'S NAME & ADDRESS
TELEPHONE NO.	SEND DOCS TO (BANK NAME & ADDRESS)
CONTACT PERSON	
REF NO.	
BILL AMOUNT	
TENOR _____ SIGHT/ FROM	(IF NOT INDICATED, KINDLY NOMINATE BANK AT YOUR DISCRETION)
DESCRIPTION OF GOODS	DESPATCH DOCUMENTS BY <input type="checkbox"/> COURIER <input type="checkbox"/> AIRMAIL

COLLECTION INSTRUCTIONS

<p>DELIVER DOCUMENTS AGAINST</p> <p><input type="checkbox"/> PAYMENT <input type="checkbox"/> ACCEPTANCE</p> <p><input type="checkbox"/> PROTEST FOR NON-ACCEPTANCE AND/OR NON-PAYMENT</p> <p>WE HEREBY AUTHORISED UOB TO DEBIT OUR ACCOUNT _____ ("account number") FOR THE PROTEST FEES.</p> <p>YOUR CHARGES ARE TO BE PAID BY</p> <p><input type="checkbox"/> US <input type="checkbox"/> DRAWEE</p> <p><input type="checkbox"/> ACCEPTANCE / PAYMENT MAY AWAIT ARRIVAL OF GOODS</p> <p><input type="checkbox"/> DO NOT WAIVE CHARGES</p> <p><input type="checkbox"/></p>	<p>ADVISE NON-ACCEPTANCE AND/OR NON-PAYMENT BY</p> <p><input type="checkbox"/> TELETRANSMISSION <input type="checkbox"/> MAIL</p> <p><input type="checkbox"/> COLLECT INTEREST FROM DRAWEE AT _____ % P.A FROM _____</p> <p>YOUR CORRESPONDENT'S CHARGES ARE TO BE PAID BY</p> <p><input type="checkbox"/> US <input type="checkbox"/> DRAWEE</p> <p><input type="checkbox"/> IN CASE OF NEED REFER TO _____ WHO IS AUTHORISED TO PERFORM THE FOLLOWING</p> <p><input type="checkbox"/></p>
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PAYMENT INSTRUCTIONS

<p><input type="checkbox"/> ADVANCE US IMMEDIATELY, A/C NO</p> <p><input type="checkbox"/> OFFSET OUR IMPORT BILLS UNDER REF</p> <p><input type="checkbox"/> HOLD PROCEEDS AND CONTACT US FOR FURTHER INSTRUCTIONS</p>	<p><input type="checkbox"/> CREDIT US UPON RECEIPT OF FUNDS, A/C NO</p> <p><input type="checkbox"/> PLEASE UTILISE CONTRACT REF</p> <p><input type="checkbox"/> PLEASE REMIT PROCEEDS TO: *Please refer below for Terms & Conditions</p>
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DOCUMENTS ATTACHED (We attach additional copy of invoice and non-nego B/L)

Draft	Comm Invoice	Packing List	Weight List	Cert of Origin	Insurance Pol/ Cert	B/L	Airway Bill	Delivery Order			

Special Instructions

If immediate credit has been given for the drafts described herein, it is agreed that such credit is conditional upon and is subject to collection and receipt by you of the full value of the said drafts; in the absence of such receipt and collection by you, we will, upon your demand reimburse you for the amount so advanced plus interest thereon at your prescribed rate from the date of the said advance until the date of payment. If the drafts are returned unpaid, documents are to be returned by regular mail to the address mentioned above.

This collection is subject to the Revision of the Uniform Rules for Collections, International Chamber of Commerce Publication currently in force.

***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.**

FOR BANK USE ONLY

☐ ADVANCED CUSTOMER
☐ CREDIT CUSTOMER UPON RECEIPT OF FUNDS

APPROVED BY

AUTHORISED SIGNATURE(S) AND COMPANY STAMP

NAME(S):



To:

We enclose drafts and documents as described below for :

Collection

☐ Immediate Credit

Date:

BANK USE ONLY

BILL REF

DRAWER'S NAME & ADDRESS	DRAWEE'S NAME & ADDRESS
TELEPHONE NO.	SEND DOCS TO (BANK NAME & ADDRESS)
CONTACT PERSON	
REF NO.	
BILL AMOUNT	
TENOR _____ SIGHT/ FROM	
DESCRIPTION OF GOODS	DESPATCH DOCUMENTS BY <input type="checkbox"/> COURIER <input type="checkbox"/> AIRMAIL (IF NOT INDICATED, KINDLY NOMINATE BANK AT YOUR DISCRETION)

DELIVER DOCUMENTS AGAINST		ADVISE NON-ACCEPTANCE AND/OR NON-PAYMENT BY	
<input type="checkbox"/> PAYMENT	<input type="checkbox"/> ACCEPTANCE	<input type="checkbox"/> TELETRANSMISSION	<input type="checkbox"/> MAIL
<input type="checkbox"/> PROTEST FOR NON-ACCEPTANCE AND/OR NON-PAYMENT		<input type="checkbox"/> COLLECT INTEREST FROM DRAWEE AT _____ % P.A FROM _____	
WE HEREBY AUTHORISED UOB TO DEBIT OUR ACCOUNT _____ ("account number") FOR THE PROTEST FEES.			
YOUR CHARGES ARE TO BE PAID BY		YOUR CORRESPONDENT'S CHARGES ARE TO BE PAID BY	
<input type="checkbox"/> US	<input type="checkbox"/> DRAWEE	<input type="checkbox"/> US	<input type="checkbox"/> DRAWEE
<input type="checkbox"/> ACCEPTANCE / PAYMENT MAY AWAIT ARRIVAL OF GOODS		<input type="checkbox"/> IN CASE OF NEED REFER TO _____ WHO IS AUTHORISED TO PERFORM THE FOLLOWING	
<input type="checkbox"/> DO NOT WAIVE CHARGES		<input type="checkbox"/>	

<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

[illegible]

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FOR BANK USE ONLY

☐ ADVANCED CUSTOMER☐ CREDIT CUSTOMER UPON RECEIPT OF FUNDS

APPROVED BY _____

AUTHORISED SIGNATURE(S) AND COMPANY STAMP

NAME(S):

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 _____

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 _____

TO _____



COPY

AUTHORISED SIGNATURE (S) & COMPANY STAMP / COMPANY NAME