

APPLICATION FORM

DLC

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