



Application for Commercial Letter of Credit

To: Sumitomo Mitsui Banking Corporation Labuan Branch
 Level 12 (B & C), Main Office Tower, Financial Park Labuan, Jalan Merdeka,
 87000 Labuan F.T., Malaysia. (Licensed Labuan Bank No.930016C)
 Kuala Lumpur Office
 Suite 22-03, Level 22, Integra Tower, The Intermark,
 348, Jalan Tun Razak, 50400 Kuala Lumpur

Date: _____

Credit no.: _____

Issue date: _____

Beneficiary (Name and Address)	Applicant (Name and Address)
Advising bank	Amount (Figures and Words)
By Airmail Full Cable Brief Cable (Mail confirmation to follow)	▶ Amount ▶ Tolerance(%)
The purpose of this credit: ▶ <i>please also indicate goods origin</i>	Credit available with: Any bank in _____
Expiry date: Place of expiry:	By Negotiation Payment Acceptance Tenor At sight _____
	for full invoice value if accompanied by the documents detailed herein.

I/We hereby request the Bank to issue and transmit this irrevocable documentary Letter of Credit under the herein mentioned terms and conditions which is available by beneficiary's draft(s) drawn on the Bank or the Bank's correspondent.

Shipment	Covering shipment of:
	Term: FOB CFR CIF _____
	From: _____
	To: _____
	Latest shipment date:
	Partial shipments: Allowed Not Allowed Transhipment: Allowed Not Allowed
Transferable: Yes No Confirmation Required: Yes No	

Documents required	Draft at _____ sight drawn on issuing bank Signed commercial invoice(s) in _____ original(s) _____ copy(ies). Insurance policy / certificate in duplicate, endorsed in blank, for 110 per cent of the invoice value. Insurance must include: institute war clauses, institute cargo clauses (all risks), institute strikes, riots and civil commotions clauses. Insurance claims payable in _____ in the currency of the credit. _____
	Insurance covered by buyer Full set (3/3) of clean on board ocean bills of lading made out to order of Sumitomo Mitsui Banking Corporation, Labuan Branch, marked freight Prepaid Collect and notify _____ Packing List in _____ original(s) and _____ copy(ies) Certificate of Origin in _____ original(s) and _____ copy(ies) Airway Bill consigned to Sumitomo Mitsui Banking Corporation Labuan Branch and notify Applicant marked freight Prepaid Collect Delivery Order in _____ original(s) and _____ copy(ies). The said Delivery Order must be countersigned by the Applicant's authorized signatory(ies) whose signature(s) are to be verified by the issuing bank, certifying receipt of the merchandise in good order and condition. Other documents required and special instructions: _____
Additional Conditions	Usance interest, if any, to be borne by Beneficiary Applicant All charges outside Malaysia including reimbursing bank's charges are for account of Beneficiary Applicant Confirmation charges (if applicable) are for account of: Beneficiary Applicant The documents must be presented for negotiation not later than _____ days after the date of shipment, but within the expiry date.

Please debit our account no. _____ with you for all bank's charges, commission, fees, out of pocket expenses, etc in connection with the issuance.

In consideration of the Bank opening at my/our above request the Bank's Commercial Letter of Credit (Including subsequent amendments if any), I/we hereby agree and undertake to hold myself/ourselves liable to the Bank as per conditions set forth in the Terms found at <https://www.smbc.co.jp/asia/malaysia/forms/LBN-trade-terms.pdf> which I/we have read, understood and agree to.

I/We also agree that the Letter of Credit hereby issued is subject to the Uniform Customs and Practice for Documentary Credits (2007 revision). International Chamber of Commerce publication No. 600 or such later revision as may be adopted by the ICC (UCP600).

Other instructions, if any.

Applicant's signature

Section for Our Bank Use

L/C amount	Rate							
Opening comm @	%							
Postage/cable charge		GM	JGM	DGM	Dept Mgr	Approved	Signature Verified	Prepared
Total:								