

Application for Standby Letter of Credit (SBLC)/ Letter Of Guarantee (BG)/Letter of Indemnity

To: Sumitomo Mitsui Banking Corporation Singapore Branch

Date: _____

Bank Ref No.: _____

I/We hereby request your Bank to issue a Standby Letter of Credit/Letter of Guarantee/Letter of indemnity (referred to herein as a Credit Support) as follows on the Terms found as indicated below which I/we have read, understood and agree to.

<u>Applicant's Information</u>	<u>Beneficiary's Information</u>
Applicant's Name: _____	Beneficiary's Name: _____
Applicant's Address: _____	Beneficiary's Address: _____
	Country: _____
Contact Person: _____	Contact Person: _____
Tel No. : _____	Tel No. : _____
Fax No. : _____	Fax No. : _____
Email: _____	Email: _____
For the benefit of a Third Party (if applicable)	
Name : _____	
Address : _____	
<u>Issuance Instruction</u>	
Please issue as per attached:	
<input type="checkbox"/> SBLC/BG/Indemnity format. (Trade Finance) https://www.smbc.co.jp/asia/singapore/forms/trade-terms.pdf	
<input type="checkbox"/> SBLC/BG/Indemnity format. (Non-Trade Finance) https://www.smbc.co.jp/asia/singapore/forms/BG-SBLC-non-trade-finance-terms.pdf	
Bank Name: _____	
SWIFT BIC Code: _____	
<u>Delivery Instruction for Domestic Beneficiary (additional charges may apply)</u>	
<input type="checkbox"/> Advising Bank Name _____	
SWIFT BIC Code: _____	
<input type="checkbox"/> Hold for Applicant's collection	Send via Courier

Transaction Details

Currency & Amount: _____

Effective Date: _____

Tolerance (%): _____

Claims may be presented no later than

Expiry Date: _____

☐ expiry date

Expiry at (Location): _____

☐ _____ days after expiry date

Purpose:

(Please indicate goods origin and shipment details when applicable)

Charges:☐ Debit all amounts payable by the Applicant from the Applicant's account number:**For and on behalf of**_____
Company's Chop & Authorized Signature
Name:

Section for Our Bank Use

Unit In Thou:	Customer ID.:	F. Amt	Y	N	Fee:
Credit Line:	Limit Ref:	P. Type	B	E	
Utilized Bal.:	GM/Delegate	Approve Execution	Signature Verified		
Unused Bal.:				US\$ Checklist	Y N
Term	Last draw date:			Close+Open	Y N Rate of:

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Applicant's Address: _____	Beneficiary's Address: _____
	Country: _____
Contact Person: _____	Contact Person: _____
Tel No. : _____	Tel No. : _____
Fax No. : _____	Fax No. : _____
Email: _____	Email: _____
For the benefit of a Third Party (if applicable) Name : _____ Address : _____	
<u>Issuance Instruction</u>	
Please issue as per attached:	
<input type="checkbox"/> SBLC/BG/Indemnity format. (Trade Finance) https://www.smbc.co.jp/asia/singapore/forms/trade-terms.pdf	
<input type="checkbox"/> SBLC/BG/Indemnity format. (Non-Trade Finance) https://www.smbc.co.jp/asia/singapore/forms/BG-SBLC-non-trade-finance-terms.pdf	
Bank Name: _____	
SWIFT BIC Code: _____	
<u>Delivery Instruction for Domestic Beneficiary (additional charges may apply)</u>	
<input type="checkbox"/> Advising Bank Name _____	
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☐ expiry date

Expiry at (Location): _____

☐ _____ days after expiry date

Purpose:

(Please indicate goods origin and shipment details when applicable)

Charges:☐

Debit all amounts payable by the Applicant from the Applicant's account number:

For and on behalf of_____
Company's Chop & Authorized Signature
Name:

Section for Our Bank Use

Unit In Thou:	Customer ID.:	F. Amt	Y	N	Fee:
Credit Line:	Limit Ref:	P. Type	B	E	
Utilized Bal.:	GM/Delegate	Approve Execution	Signature Verified		
Unused Bal.:					
Term	Last draw date:	US\$ Checklist	Y	N	
		Close+Open	Y	N	Rate of: