



## **Application for Standby Letter of Credit (SBLC)**

To: Sumitomo Mitsui Banking Corporation Bangkok E	Branch Date:
	Bank Ref No.:
Dear Sirs  I/We hereby request your Bank to issue a Standby Letter on the Terms found as indicated below which we have rea	
Applicant's Information	Beneficiary's Information
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:
Issuance Instruction Please issue as per attached: Issue (https://www.smbc.co.jp/asia/thailand/for	Advising Bank:

Transaction I	<u>Details</u>							
Currency & Ar				Effecti	ve Date:			
Tolerance (%)	-			- Claims	may be presented	d no	less	than
Expiry Date:				- 	expiry date			
Expiry at (Loc	ation):			. <u> </u>	<u>-</u>	da	ıys a	after expiry date
Purpose:				_		_	•	. ,
(Please indica	ite goods origin a	nd shipment	: details whe	en applicat	ole)			
Charges:								
Please	debit our accoun	nt number:						
					For and	l on	beł	nalf of
					Company's Chop	& Aı	utho	rized Signature
					Name:			
Section for Our Ba	ank Use							
Unit In Thou:		Customer ID.:			F. Amt	Υ	N	Fee:
Credit Line:		Limit Ref:			P. Type	В	Е	
		<del> </del>						
Utilized Bal.:		GM/Delegate	Approve Execution	Signature Verified				
Utilized Bal.: Unused Bal.: Term	Last draw date:	GM/Delegate	Approve Execution	Signature Verified	US\$ Checklist Close+Open	Υ	N	Rate of:

Sumitomo Mitsui Banking Corporation Bangkok Branch (Incorporated in Japan with limited liability)





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	Country:
Contact Person:	Contact Person:
Tel No. :	Tel No. :
Fax No. :	Fax No. :
Email:	Email:
Issuance Instruction Please issue as per attached:  Issue (https://www.smbc.co.jp/asia/thailand/for Amend SBLC no.	Advising Bank: rms/trade-terms.pdf)

Transaction	Details							
				-cc	5.			
Currency & A	mount:			- Effectiv	ve Date:			
Tolerance (%)	):			Claims -	may be presented	d no	less	s than
Expiry Date:					expiry date			
Expiry at (Loc	ation):					_ da	ays a	after expiry date
Purpose:				_				
(Please indica	ite goods origin a	ınd shipment	t details whe	en applicab	ole)			
Charges:								
Please	debit our accour	nt number:						
					For and	d on	beł	nalf of
					Company's Chop & Authorized Signature			
					Name:			
Section for Our Ba	ank I lea							
	air Ose							
Unit In Thou: Custom		Customer ID.:		F. Amt	Υ	N	Fee:	
						$\vdash$		
Credit Line:		Limit Ref:			P. Type	В	Е	
		Limit Ref:	Approve Execution	Signature Verified	P. Type	В	E	
Credit Line:	Last draw date:			Signature Verified	P. Type  US\$ Checklist  Close+Open	В	E N	Rate of:

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