

APPLICATION FOR IRREVOCABLE LETTER OF CREDIT

Credit No.: BR/NIC No.:

40A Transferable Credit	HS Code:
31D Date of Expiry of the Credit	Terms of Delivery: 46A Documents to be presented by the beneficiary:
31D Place of Expiry of the Credit	[Please tick box where necessary]
	Manually signed commercial invoice in copies
50 Applicant Name:	
Applicant Address:	quoting L/C No., H. S. Code, Import Licenses No.:
Telephone No: Fax No:	And certifying goods are in accordance with Proforma Invoice No.:
- 4.4.1	Dated Invoices must indicate F.O.B Value,
Email Address:	freight and insurance separately.
Account No:	
Contact Person:	Transport Document (s):
Mobile No:	Bill of Lading to indicate Container Nos:
59 Beneficiary Name:	-
	Certificate of origin, issued by
Beneficiary Address:	Insurance Policy/ Certificate (in duplicate) payable to
	order of Commercial Bank of Maldives (Pvt) Ltd. Covering
32B Currency: Amount:	Institute Cargo Clauses A (1.1.82) Institute War Clause Cargo
	(1.1.82) Institute Strike Clause Cargo (1.1.82) for C.I.F Value
Amount in Words:	plus % Claims payable in Male' Irrespective of
	Percentage.
	Combined Certificate of Origin and Invoice acceptable
39A Tolerance on Quantity/ Value:	
+/-	Copy of each of the documents to be
,	Air Mail Fax Courier
44.4. Confirmation for Condit to the Donafision.	
41A Confirmation for Credit to the Beneficiary	Email to the applicant within days of
41A Confirmation for Credit to the Beneficiary	
·	shipment/dispatch.
Confirmation Charges are for	shipment/dispatch. Packing List in Copies
·	shipment/dispatch.
Confirmation Charges are for Days from date of Bill of Lading	shipment/dispatch. Packing List in Copies
Confirmation Charges are for Days from date of Bill of Lading 41D Sight Usance Days after sight	shipment/dispatch. Packing List in Copies 47A Additional conditions attached
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AGREEMENT RELATING TO ISSUING OF THE LETTER OF CREDIT

And I/We hereby agree on demand to pay to you the amount of any deficiency accepting your account current as conclusive evidence of the amount due by Me/Us to you. I/We further undertake that if any amount recoverable or recovered under any insurance policies be received by Me/Us it shall be held by Me/Us in trust on your behalf and paid to you on demand.

It is agreed that My/Our liability hereunder is not to be affected in any manner whatsoever by and you will not be responsible for any loss or damage which may happen to any such merchandise during its transit and or after its arrival and or the non-insurance or improper or inadequate insurance thereof and/or deficiency in the quality, quantity, weight or value thereof and or stoppage or detention thereof by the shipper or any other person whomsoever.

It is further agreed that this agreement cannot be either revoked or altered in any way except in writing with your express consent.

Further declare that this agreement shall not be affected by My DEATH/OUR OR ANY OF OUR DEATHS but shall remain in full force and effect and shall continue to be binding notwithstanding any change which may from time to time take place by death or otherwise howsoever in the partners or constitution of and or company and that this agreement does not supersede but is in addition to any letter of Hypothecation already signed or which may hereafter being signed by Me/Us in your favor.

Note: In the absence of instruction to the contrary.

- 1. Charges will be to beneficiary's account
- 2. For CIF shipment insurance will be for CIF plus 10%
- 3. Tran shipment will not be allowed
- 4. Partial shipment will not be allowed
- 5. L/C will not be confirmed
- 6. L/C will be on sight basis

Date:	
	COMPANY STAMP AND AUTHORISED SIGNATURE/S OF APPLICANT
FOR OFFICE USE ONLY	
L/C Value :	
Exchange Rate :	
MVR Equivalent :	
Margin percentage :	
Margin Amount :	
Commission :	
Authorized Signatory	Signature Verified