

Instructions for opening a Documentary Credit

Page 1/2

Copy for the bank

Name and address of the applicant:

Name

Name

Street

Post code/place

Contact person for further information

Phone No. _____
Fax

E-Mail

Our ref.-number:

Account number/IBAN

To

- irrevocable transferable
- by teletransmission/S.W.I.F.T. with preadvice by telecommunication/S.W.I.F.T.

The third party mentioned is a majority owned subsidiary (>50% share)

Consequently, please issue the documentary credit for the economic interest of: (no P.O. Box address)

Name _____

Street, number _____

Postal Code, City _____

Country _____

Duty of the account holder to cooperate pursuant to the German Money-Laundering Act:

In the event that the mandatory information given to the bank, changes in the course of the business relationship, the account holder is obliged to notify the bank without undue delay.

Date of expiry _____ **Place of expiry** _____

Name and address of beneficiary

Bank of the beneficiary

S.W.I.F.T.-Code : _____
(You are authorised to advise this credit to the beneficiary through a correspondent of your choice)

Currency and amount _____

exactly tolerances: +/- 10% others _____

Credit available with: you by: sight payment

your correspondent bank deferred payment, due _____

acceptance

Against presentation of the documents detailed herein and

beneficiary's draft due at/on _____ drawn on _____
(name of the bank)

Shipment **Partial shipment** allowed not allowed conditional* **Transshipment** allowed not allowed conditional*

* Please specify accordingly in field description of goods, additional conditions or shipment period

Place of taking in charge/dispatch from . . . /place of receipt** _____

Port of loading/airport of departure _____

Port of discharge/airport of discharge _____

Place of final destination/for transportation to . . . /place of delivery** _____

** in case of a multimodal transport document

not later than _____ shipment period

Instructions for opening a Documentary Credit

Page 1/2

Copy for the customer

Name and address of the applicant:

Name _____

Name _____

Street _____

Post code/place _____

Contact person for further information _____

Phone No. _____ Fax _____

E-Mail _____

Our ref.-number: _____

Account number/IBAN _____

To

- irrevocable transferable
- by teletransmission/S.W.I.F.T. with preadvice by telecommunication/S.W.I.F.T.

The third party mentioned is a majority owned subsidiary (>50% share)

Consequently, please issue the documentary credit for the economic interest of: (no P.O. Box address)

Name _____

Street, number _____

Postal Code, City _____

Country _____

Duty of the account holder to cooperate pursuant to the German Money-Laundering Act:

In the event that the mandatory information given to the bank, changes in the course of the business relationship, the account holder is obliged to notify the bank without undue delay.

Date of expiry _____ Place of expiry _____

Name and address of beneficiary _____

Bank of the beneficiary

S.W.I.F.T.-Code : _____

(You are authorised to advise this credit to the beneficiary through a correspondent of your choice)

Currency and amount

exactly tolerances: +/- 10% others _____

Credit available with: you your correspondent bank by: sight payment deferred payment, due _____ negotiation, due _____ acceptance

Against presentation of the documents detailed herein and beneficiary's draft due at/on _____ drawn on _____ (name of the bank)

Shipment

Partial shipment allowed not allowed conditional* Transshipment allowed not allowed conditional*

* Please specify accordingly in field description of goods, additional conditions or shipment period

Place of taking in charge/dispatch from . . . /place of receipt** _____

Port of loading/airport of departure _____

Port of discharge/airport of discharge _____

Place of final destination/for transportation to . . . /place of delivery** _____

** in case of a multimodal transport document

not later than _____ shipment period _____

