

Name and address of the applicant:

Copy for the bank

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## Instructions for opening a Documentary Credit

								Name		
То								Name		
					_			Street		
								Post code/place		
								Contact person for further	r information	
					_			Phone No.		L Fax
								LE-Mail		
								Our refnumber:		
□ irrevocable				transferable	9			Account number/IBAN		
 □ by teletransmi	ssion/S.	W.I.F	E.T	with preadv	ice by te	lecomn	nunication/S.W.I	.F.T.		
☐ The third party Consequently, plea Name Street, number Postal Code, City Country Duty of the account had the man Date of expiry Name and address	L L L L L L L L L L L L L L L L L L L	coope	e documenta erate pursuan ation given to th	ary credit for t	n Money-L	omic in	ng Act: e business relationsl		obliged to notify	the bank without undue delay.
Bank of the bene	ficiary									
S.W.I.F.TCode : (You are authorised to a		redit to	o the beneficiary	y through a corres	- spondent of	your cho	ice)			
Currency and am	ount		exactly				tolerances:		others	
Credit available	with:		you		by:			H- 1076	oulers	
orean available	WILIT.		-	spondent ban	•			ent, due		
			•				negotiation, du	е		
							acceptance			
		_				nts deta	ailed herein and			
			beneficiary	y's draft due a	at/on		drawn			
Shipment								(name of the bank)		
Partial shipment  * Please specify according					condition		-	t □ allowed □	not allowed	□ conditional*
Place of taking in						приси	period			
Port of loading/air	_			7 piace of 1000	Sipt					
Port of discharge/a										
_			_	to /place	of dolivo	m./**				
Place of final desti  ** in case of a multime				to /piace	or delive	гу				
□ not later than				□ ship	oment pe	riod				
L										

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GOODS (brief description without excessive details, details regarding shipment, if applicable)
HS-Code(s) (if several HS codes are entered, please separate them with a semicolon)
Documents to be presented by the beneficiary
☐ Commercial invoice ☐ signedoriginal(s)copy(ies)
☐ Full set of clean on board marine bills of lading
□ made out to order □ endorsed in blank □ made out to □ marked: □ "freight prepaid" □ "freight payable at destination"
D motified
☐ Full set of multimodal transportdocument *) ☐ Truck consignment note (CMR) *)
□ Duplicate of railway consignment note *) □ Airwaybill (Original for shipper) *)
□ evidencing the actual flight date
*) addressed to:
☐ Insurance policy ☐ Insurance certificate, covering the following risks:
□ exactly CIF value □ minimum
☐ Insurance will be covered by us
☐ Certificate of originoriginal(s)copy(ies) Country of origin:
□ certified by
Other
□ Forwarders certificate of receipt (FCR) □ original(s) □ copy(ies) □ Packing list □ original(s) □ copy(ies) □ co
□         original(s)         copy(ies)            □         original(s)         copy(ies)
□ , original(s) , copy(ies) ,
Delivery terms (as per incoterms latest version)
other terms  Time limit for presentation
Time limit for presentation  Documents to be presented within
□ the invoice date
but within the validity of the credit.
Further instructions (e.g. shipment, issuer, contents and signature of documents, detailed instructions regarding the documents to be presented)
Mailing by courier Advice: In case documents of title were presented dispatch has to occur in 1st and 2nd mail.
Charges
Foreign bank charges to be borne
In case the documentary credit expired unutilised all charges will be borne
Confirmation □ not requested □ requested □ only if requested by the beneficiary
You are authorised, to debit our
IBAN BIC
Signature(s):
This order is to be executed in accordance with the current version of the "Uniform Customs and Practice for Documentary Credits" published by the International Chamber of Commerce, Paris. In addition, your General Business Conditions shall apply. We are aware that if necessary the notifications for documentary payments required by the "Außenwirtschaftsverordnung" (AWV) have to be effected by ourselves in accordance with the regulations published by the German Central Bank (Deutsche Bundesbank)."
Place and date of application
<u> </u>
Stamp and authorised signature(s)



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						I .			
						Name			
То						Name			
						Street			
			-			Post code/place			
			-			Contact person for furth	er information		
						Phone No.		Fax	
						LE-Mail			
						Our refnumber:			
						Account number/IBAN	1		
<ul><li>irrevocable</li><li>by teletransmission/S</li></ul>	WIFT	<ul><li>☐ transferable</li><li>☐ with preadvice</li></ul>	hv telec	omr	munication/S W I		•		
_ by teletralisinission/o	. v v . i . i .	□ with preatition	by telec	OIIII	nunication/5.vv.i				
☐ The third party mention	ned is a m	najority owned subsidia	ary (>50%	∕₀ sh	are)				
Consequently, please issu						). Box address)			
Name									
Country  Duty of the account holder to	cooperate r	oursuant to the German M	lonev-l aur	nderi	ing Act:				
n the event that the mandatory i			the course	of th	ne business relationsh	nip, the account holder	is obliged to notif	y the bank w	ithout undue delay.
			Place	of e	xpiry				
Name and address of be	eneficiary								
Bank of the beneficiary									
S.W.I.F.TCode:									
You are authorised to advise this	credit to the b	eneficiary through a correspon	ndent of you	ır cho	pice)				
Currency and amount									
	□ exa	ctly			tolerances:	□ +/- 10% □	others		
Credit available with:	□ you		by:		sight payment				
	□ you	r correspondent bank			deferred payme	ent, due			
					negotiation, due	e			
					acceptance				
	-	presentation of the do		deta	ailed herein and				
	□ ben	eficiary's draft due at/c	)II		drawn	On (name of the bank	)		
Shipment						(name of the parm	,		
Please specify accordingly in		not allowed □ co ion of goods, additional condit			-	<b>t</b> □ allowed □	not allowe	d □ c	conditional*
Place of taking in charge/o		-		mom	poriod				
Port of loading/airport of d		J	•						
Port of discharge/airport of	•	e							
Place of final destination/f	_		deliverv*	*					
** in case of a multimodal trans			20.1101y						
□ not later than		□ shipm	ent perio	d					

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*) addressed to:  Insurance policy Insurance certificate, covering the following risks:						
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☐ Insurance will be covered by us						
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□ certified by						
Other    Forwarders certificate of receipt (FCR)   original(s)   copy(ies)						
Design list						
prinical(s)						
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