MUFG

MUFG Bank (Malaysia) Berhad 199401016638 (302316-U)
Level 22, 23 & 24 Menara 1, Plaza Conlay,
Lot 301, Jalan Conlay, 50450 Kuala Lumpur.

MUFGM e-Form

Date: ☐☐ / ☐☐ / ☐☐☐☐ **L/G NO :** 644-LG-

APPLICATION FOR BANK GUARANTEE

Dear Sir,
Please issue a Bank Guarantee for my / our account in accordance with the undermentioned particulars. We agree to be bound by the terms and conditions of the Letter of Indemnity.

PARTICULARS OF APPLICANT
Name
(*3rd Party Name) if applicable
Name*
Address

PARTICULARS OF BENEFICIARY
Name
Address

PURPOSE OF L/G

TYPE OF GUARANTEE (* to tick ✓)

- ☐ Custom (A1)
- ☐ Custom (B1)
- ☐ Custom (C1)
- ☐ Custom (D1)
- ☐ Custom (A2)
- ☐ Custom (B2)
- ☐ Custom (C2)
- ☐ Custom (D2)
- ☐ Advance/Warranty Payment Bond
- ☐ Security Deposit
- ☐ Bid / Tender
- ☐ Others _____
- ☐ Performance Bond
- ☐ Utilities
- ☐ Financial Guarantee

TYPE OF APPLICATION (to tick ✓)

☐ **New Issuance**
☐ **Renewal from L/G No:**
Currency Amount In Figures
Currency Amount In Words
Effective Date (dd/mm/yyyy)
☐☐ / ☐☐ / ☐☐☐☐
Expiry Date (dd/mm/yyyy)
☐☐ / ☐☐ / ☐☐☐☐
Claim Period of L/G (if any)*
*** Commission wil be charged up to claim period**
Direct Issuance (to tick ✓)
☐ via Swift* ☐ via Letter
* Bank Name and Swift Code

☐ **Extension**
L/G No:
Currency Amount In Figures
Currency Amount In Words
New Effective Date (dd/mm/yyyy)
☐☐ / ☐☐ / ☐☐☐☐
New Expiry Date (dd/mm/yyyy)
☐☐ / ☐☐ / ☐☐☐☐
New Claim Period of L/G (if any)*
*** Commission wil be charged up to claim period**
Other (if any, please specify)

☐ **Amendment**
L/G No:
Currency Amount In Figures
Currency Amount In Words
Amend on Effective Date (dd/mm/yyyy)
☐☐ / ☐☐ / ☐☐☐☐
Amend on Expiry Date (dd/mm/yyyy)
☐☐ / ☐☐ / ☐☐☐☐
Amend on Claim Period of L/G (if any)*
*** Commission wil be charged up to claim period**
Other Amendment (if any, please specify)

COLLECTION / COURIER INSTRUCTION

☐ To collect personally at your office by Name : IC / Passport No :
(All charges by courier despatch to be debited from our account)
☐ Please Courier to us Attn : Contact No :
Address/Dept :

☐ Please Courier to Beneficiary Attn : Contact No :
Address/Dept :

STAMPING

☐ We request you to send the above mentioned guarantee on my/our behalf for stamping
* Stamping process will take approximately 3 to 12 working days
☐ We would like to do our own stamping at LHDN office

INSTRUCTIONS OF BANK CHARGES
We authorise you to debit all bank charges from our bank account no.

Kindly refer to our website www.bk.mufg.jp/malaysia/pdf/announcement_on_sanctions_clause_initiative.pdf for more details regarding the Standard Sanctions Clause which shall be incorporated into the body text of this instrument. Please take note that such clause may be revised, amended or varied from time to time in accordance with the applicable laws or regulations.

AUTHORISED SIGNATURE (s) AND COMPANY CHOP All alteration must be duly signed by authorised signature / signatories