

Date: / /

L/G NO : 644-LGi-

APPLICATION FOR BANK GUARANTEE - i

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

PARTICULARS OF APPLICANT

Name
 (*3rd Party Name) if applicable
 Name*
 Address

PARTICULARS OF BENEFICIARY

Name
 Address

PURPOSE OF LG-i

TYPE OF GUARANTEE (* to tick ✓)

- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Custom (A1) | <input type="checkbox"/> Custom (A2) | <input type="checkbox"/> Advance/Warranty Payment Bond | <input type="checkbox"/> Performance Bond |
| <input type="checkbox"/> Custom (B1) | <input type="checkbox"/> Custom (B2) | <input type="checkbox"/> Security Deposit | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Custom (C1) | <input type="checkbox"/> Custom (C2) | <input type="checkbox"/> Bid / Tender | <input type="checkbox"/> Financial Guarantee |
| <input type="checkbox"/> Custom (D1) | <input type="checkbox"/> Custom (D2) | <input type="checkbox"/> Others _____ | |

TYPE OF APPLICATION (to tick ✓)

<input type="checkbox"/> New Issuance <input type="checkbox"/> Renewal from LG-i No: <input type="text"/> Currency Amount In Figures <input type="text"/> Currency Amount In Words <input type="text"/> Effective Date (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> Expiry Date (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> Claim Period of LG-i (if any)* <input type="text"/> * Commission will be charged up to claim period Direct Issuance (to tick ✓) <input type="checkbox"/> via Swift* <input type="checkbox"/> via Letter * Bank Name and Swift Code <input type="text"/>	<input type="checkbox"/> Extension LG-i No: <input type="text"/> Currency Amount In Figures <input type="text"/> Currency Amount In Words <input type="text"/> New Effective Date (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> New Expiry Date (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> New Claim Period of LG-i (if any)* <input type="text"/> * Commission will be charged up to claim period Other (if any, please specify) <input type="text"/>	<input type="checkbox"/> Amendment LG-i No: <input type="text"/> Currency Amount In Figures <input type="text"/> Currency Amount In Words <input type="text"/> Amend on Effective Date (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> Amend on Expiry Date (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> Amend on Claim Period of LG-i (if any)* <input type="text"/> * Commission will be charged up to claim period Other Amendment (if any, please specify) <input type="text"/>
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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