

**APPLICATION FOR IRREVOCABLE DOCUMENTARY CREDIT**

Mark  P where applicable

Date _____	Credit No. <input type="text"/> - <input type="text"/> - <input type="text"/>	For Bank Use Only
<p>We hereby request you to issue for our account an Irrevocable Documentary Credit under the following conditions: This L/C is subjected to the Uniform Customs and Practice for Documentary Credits International Chamber of Commerce in force.</p>		
<input type="checkbox"/> by brief cable with mail L/C <input type="checkbox"/> by full cable <input type="checkbox"/> by mail	<input type="checkbox"/> Transferable <input type="checkbox"/> Confirm <input type="checkbox"/> Standby	
Please debit our a/c no _____ for charges.		Expiry date for negotiation in the country of the beneficiary
Applicant's Name and Address		Beneficiary's Name and Full Address
Tel: _____ Contact Person: _____		
Advising Bank		Amount (Words and Figures)
Partial Shipments <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	Transhipment <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	Shipment From: _____ Shipment To: _____
Available by negotiation/payment/acceptance of beneficiary's draft at <input type="checkbox"/> sight <input type="checkbox"/> _____ days' sight <input type="checkbox"/> _____ days after B/L date full invoice cost drawn on issuing Bank and accompanied by the following documents:		
<input type="checkbox"/> Signed Commercial invoices in _____		
<input type="checkbox"/> Insurance policy or certificate in duplicate endorsed in blank, for 110% of the invoice cost and showing claims payable in _____ covering Institute War Clauses, Institute Strikes, Riots and Civil Commotions Clauses, and Institute Cargo Clauses (ALL RISKS)		
<input type="checkbox"/> Full set ( ) clean on board ocean bills of lading dated not later than _____ made out to order of shipper and blank endorsed marked "FREIGHT" _____ and notify _____		
<input type="checkbox"/> Clean airway bills dated not later than _____ consigned to the Bank of MUFG Bank, Ltd., Singapore Branch, marked "Freight" _____ and notify applicant indicating L/C No.		
<input type="checkbox"/> Delivery order issued by beneficiary in duplicate made out to order of MUFG Bank, Ltd., for account of applicant dated not later than _____ indicating L/C No. and to be countersigned by authorised signatory of applicant whose signature must be verified by the issuing bank.		
Covering (Quantity, brief description of goods, unit price):		
Trade Terms: <input type="checkbox"/> CIF <input type="checkbox"/> CFR <input type="checkbox"/> FOB     Name of Insurance Co _____		
Special instructions / Other documents required The transaction does not fall under a transaction related to Iran or North Korea restricted under FEFTA.		
Reimbursement <input type="checkbox"/> Payment upon receipt of Documents <input type="checkbox"/> TT reimbursement on issuing bank value _____ working days after receipt of authenticated Tlx / Swift. <input type="checkbox"/> Negotiating bank is authorised to claim reimbursement on a named depository bank by <input type="checkbox"/> T.T. or <input type="checkbox"/> sight drawing. <input type="checkbox"/> Others: _____		
Special Conditions: Drafts and documents must be presented within _____ days after the date of issuance of transport documents but within the credit validity.		We hereby agree to and accept the Terms and Conditions relating to Application for Irrevocable Documentary Credit ("T&C") stated in MUFG website ( <a href="https://www.bk.muftg.jp/global/globalnetwork/asiaoceania/pdf/INC_Application_Irrevocable_Documentary_Credit.pdf">https://www.bk.muftg.jp/global/globalnetwork/asiaoceania/pdf/INC_Application_Irrevocable_Documentary_Credit.pdf</a> ) and confirm that I/We have read, understood and agree to abide and be bound by the T&C (including any alterations, amendments or additions thereto as may be made by us from time to time).
<input type="checkbox"/> All bank charges incurred outside Singapore are for <input type="checkbox"/> beneficiary's <input type="checkbox"/> applicant's account.		
<input type="checkbox"/> For Usance bill discount interest for beneficiary's account (applicable for usance LCs only).		
<input type="checkbox"/> Insurance covered by buyer.		_____ Authorised Signatory(s) and Company Stamp