

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 ✓)**

<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 ✓)**

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

**AUTHORISED SIGNATURE (s) AND COMPANY CHOP**

All alteration must be duly signed by authorised signature / signatories