

Date: / /

L/G NO : 644-BGi-

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 BG-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 ✓)

☐ New Issuance

☐ Renewal from BG-i No:

Currency Amount In Figures

Currency Amount In Words

Effective Date (dd/mm/yyyy)

/ /

Expiry Date (dd/mm/yyyy)

/ /

Claim Period of BG-i (if any)*

* Commission will be charged up to claim period

Direct Issuance (to tick ✓)

☐ via Swift* ☐ via Letter

* Bank Name and Swift Code

☐ Extension

BG-i 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 BG-i (if any)*

* Commission will be charged up to claim period

Other (if any, please specify)

☐ Amendment

BG-i 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 BG-i (if any)*

* Commission will be charged up to claim period

Other Amendment (if any, please specify)

COLLECTION / COURIER INSTRUCTION

☐ To collect personally at your office by

(All charges by courier despatch to be debited from our account)

Name :

IC / Passport No :

☐ Please Courier to us

Attn :

Contact No :

☐ Please Courier to Beneficiary

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 at 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 instruments. 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