EXPORT DOCUMENTARY CREDIT PRESENTATION FORM



You need Adobe Reader 9.0 to view this form. You can d PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYP		pe Reader free of charge.		
To: The Manager	,			
ANZ Trade and Supply Chain Select (Branch)	Branch	Date (dd/mm/yyyy)		
From (customer name and address, include company identification number if applicable):		Export Verification Ref. No. (if applicable)		
		Customer Reference		
Contact person and Telephone number				
I/we request that ANZ handle the attached documents in a for Documentary Credits (2007) Revision ICC Publication N DOCUMENTARY CREDIT Documentary Credit has been confirmed [Yes/No]		h instructions marked "X" and subject to the Uniform Customs and Practice		
Negotiate/finance/discount and credit proceeds imme account/s stated below.	ediately to	Credit proceeds to account/s stated below when payment is received.		
Negotiate/finance/discount and credit proceeds to acc stated below on acceptance of documents.	count/s	Please provide Post Acceptance negotiation and financing on a without recourse basis. We confirm our understanding that limited recourse is retained against us by ANZ under clause 11.14 of the ANZ Trade Terms		
Issuing Bank (name and address)		Documentary Credit Applicant (name and address)		
Credit No		Currency		
		,		
ANZ Reference (if known)		Amount		
CREDIT PROCEEDS TO				
Domestic Account No:		Apply proceeds against Forward Exchange		
Foreign Currency Account	No Due			
(Insert Currency and Account No.)				
Account held with (Beneficiary's Bank's name and address))			

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DOCUMENTS PRESENTED (No of copies)

Originals	Duplicates		Originals	Duplicates		
	Bills of Exchange			Health Certificate		
	Invoice			Inspection Certificate		
	Bill of Lading			Test Certificate		
	Air Waybill			Quality Certificate		
	Insurance Certificate			Beneficiary's Certificate		
	Certificate of origin			Tally Sheet		
	Packing List			Log List		
	[Other]			[Other]		
	[Other]			[Other]		
Charges: Debit our	following account for all charges relating to this instruction:		Account No	umber		
Currency			Account Number			
		rporate from AN	de Terms booklet and any other applicable Trade Agreements. We confirm te and given us the other applicable Trade Agreements. We acknowledge ANZ about any issues of concern. Name of Authorised Signatory Name of Authorised Signatory			
Company stamp or chop (if applicable):						
BANK USE	ONLY					
Date recei	ved (dd/mm/yyyy)		Signature(s	s) verified		
			Yes No			
All checks	complete		Approved I	ру		
T 1 2 :	u li org			-		
rrade Rela	tionship Officer		Manager /	Team Leader		