

APPLICATION FOR SHIPPING GUARANTEE/INDEMNITY -  
AIR WAYBILL/CUSTOMS ASSESSMENT NOTICES/  
CONSIGNMENTS RELEASE



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PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED)

To: The Manager

ANZ Trade and Supply Chain    Select (Branch)

Date (dd/mm/yyyy)

From: (Customer name and address, include company identification number if applicable):

  
  

I/we request that ANZ:

- endorse the attached guarantee/indemnity signed by me/us to enable me/us to obtain replacement Bills of Lading and/or delivery without production of the Bills of Lading for goods as detailed below; or
- authorise release of goods covered by the Air Waybill/Customs Assessment Notice/Consignment as detailed below; or
- endorse the attached original Bill of Lading/Air Waybill to enable me to take delivery of the goods

Attached Documents

Copy of Commercial Invoice and

Attached Document Number(s)

Maximum Amount: (domestic value)

Invoice Value

Currency  \$

Expiry Date: (365 days from date of issue) (dd/mm/yyyy)

Goods Description: (brief description)

Shipped By: (Name of Supplier and Address)

Shipped From: (Country)

Date Shipped: (B/L or Airway Bill Date) (dd/mm/yyyy)

Carrier and Vessel Name:

Under Documentary Credit No. (If Applicable)

Name of Applicant's Representative: (If Applicable)

Charges: Debit our following account for all charges relating to this release/guarantee (Note: charges are payable on issue and quarterly thereafter until such time as the instrument is returned to the bank);

Currency

Account Number

This application is subject to, and we are bound by, the terms in the ANZ Trade Terms booklet and any other applicable Trade Agreements. We confirm that ANZ has given us the booklet or we have accessed it at [anz.com/corporate](http://anz.com/corporate) and given us the other applicable Trade Agreements. We acknowledge ANZ recommends that we read these documents and seek clarification from ANZ about any issues of concern.

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Authorised Signature

Authorised Signature

Name of Authorised Signatory

Name of Authorised Signatory

Company stamp or chop (if applicable):

**BANK USE ONLY**

Release Details

Date received (dd/mm/yyyy)

Time received

Signature(s) verified

Yes  No

Cancellation Details

Date released (dd/mm/yyyy)

Date Cancelled (dd/mm/yyyy)

Signature for Receipt of Documents