

You need Adobe Reader 9.0 to view this form. You can download Adobe Reader free of charge.

To: The Manager ANZ Trade and Supply Chain

| Dat | te (| dd/ | mm | /۱ | ууу | y) | |
|-----|------|-----|----|----|-----|----|--|
| | _ | | | | | | |

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

| I/We request ANZ to issue a | with the following details in order to facilitate |
|---|---|
| the business transactions of the applicant named below wi | - |
| Applicant Name | Address |
| | |
| Beneficiary Name | Address |
| | |
| Beneficiary Contact Name/Telephone No | Amount (currency and amount in figures) |
| | |

| Beneficiar | ⊿′s R | ank (| name | and | addre | ·SS) |
|------------|-------|-------|--------|-----|-------|------|
| Denenciai | , | anna | inanic | ana | addic | , |

Expiry date in the country of the Issuing bank (dd/mm/yyyy)



Special Conditions

| • | |
|--------------------------------|---|
| | |
| | |
| Please issue in your standard | wording; or |
| Please word the Instrument i | in accordance with the attachment (subject to ANZ approval) |
| The Instrument to be issued by | |
| | |
| Method of dispatch: Instrumer | nt to be: |
| Advised to Beneficiary via Be | neficiary's Bank. |
| Issued direct to the Beneficia | ry by courier. |

- Original delivered to Applicant by courier.
- Re-issued via a local Bank in the country of the Beneficiary (additional charges will be incurred).

APPLICATION FOR STANDBY LETTER OF CREDIT OR DEMAND GUARANTEE FOR THIRD PARTY



Charges:

Debit our following account for all charges relating to this Instrument (payable on establishment):

Account Number [INR]

This application is subject to, and we are bound by, the terms in the ANZ Trade Terms booklet and/or any other applicable Trade Agreements as ANZ may provide to us (or as agreed between us) from time to time. We confirm that ANZ has given us the booklet or we have accessed it at anz.com/india/en/corporate and/or 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.

Authorised Signature

Name of Authorised Signatory

Authorised Signature

Name of Authorised Signatory

Company stamp or chop (if applicable):

| BANK USE ONLY | |
|----------------------------|-----------------------|
| Date received (dd/mm/yyyy) | Signature(s) verified |
| Prepared | Approved by |
| Trade Relationship Officer | Manager/Team Leader |