

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, the ANZ Trade Terms and any other Trade Agreement (as defined in the ANZ Trade Terms) containing terms relating to the Trade Product (as defined in the ANZ Trade Terms) and entered into by ANZ and you (collectively, the **Terms and Conditions**) apply to the Trade Product requested under this form. By signing this form, you:

- agree that you have a copy of or you have accessed via anz.com the Terms and Conditions; and
- acknowledge that you have read and agree to be bound by the Terms and Conditions.

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Signed for and on behalf of the Customer (by the Customer or its Authorised Representatives):

Full Name

Position

Signature

Full Name

Position

Signature

Company stamp or chop (if applicable):

BANK USE ONLY

Release Details

Date received (dd/mm/yyyy)

Time received

Signature(s) verified

Cancellation Details

Date released (dd/mm/yyyy)

Date Cancelled (dd/mm/yyyy)

Signature for Receipt of Documents