

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



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PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED)

To: The Manager

ANZ Trade and Supply Chain    Select (Branch) Singapore

Date (dd/mm/yyyy)

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 with the beneficiary named below:

Applicant Name

Address

Beneficiary Name

Address

Beneficiary Contact Name / Telephone No

Amount (currency & amount in figures)

Beneficiary's Bank (name and address)

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

## Special Conditions

- ☐ Please issue in your standard wording;
- ☐ Please word the Instrument in accordance with the attachment (subject to ANZ approval); or
- ☐ Please issue the guarantee with Guarantee Template Reference GOV\_UT (published on [www.eguarantee.gov.sg](http://www.eguarantee.gov.sg)) as an eGuarantee\*, by delivering in electronic form the eGuarantee Data Set (published on [www.eguarantee.gov.sg](http://www.eguarantee.gov.sg)) directly to the Beneficiary at [EGuarantee@Gov](mailto:EGuarantee@Gov) through the Networked Trade Platform

• Beneficiary's acronym as per website [www.eguarantee.gov.sg](http://www.eguarantee.gov.sg)

• Case Reference number

• UEN of 3rd party applicant

• Purpose of Guarantee (If any)

(Note: If unsure, please approach Beneficiary on the Purpose of Guarantee text to be used for your eGuarantee)

• Effective date

• Indicate if the guarantee is subject to auto-renewal.

☐ No

☐ Yes. Auto-extension period  and final extension period

(Note: Auto Extension periods have to be in multiples of 30 days with a minimum of 180 days.  
Final Extension Period have to be in multiples of 30 days.)

\*An eGuarantee issued is an "Instrument" as defined in the ANZ Trade Terms or any other applicable Trade Agreement.

The Instrument to be issued by [select]

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**Method of dispatch: Instrument to be:**

- ☐ Advised to beneficiary via beneficiary's bank
- ☐ Issued direct to the Beneficiary 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)
- ☐ Original deliver to Applicant at ANZ counter
- ☐ Issued and transmitted to Beneficiary via eGuarantee@Gov. We hereby give our authorisation and consent to ANZ or Correspondent Bank (as defined in ANZ Trade Terms or other applicable Trade Agreement) to disclose to the Beneficiary through the Platform of all such information relating to it, the Instrument, the transactions and all other information reflected in or pertaining to the Instrument as may be required by the Beneficiary (including its employees, agents and contractors) ("**Instrument Data**") from time to time. We further agree and consent to the Beneficiary (including its employees, contractors and agents) collecting, using, disclosing, processing and transferring the Instrument Data for the purpose for which the Instrument is required.

**Charges:**

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

Currency

Account Number

We are bound by and will comply with the ANZ Trade Terms and other applicable Trade Agreements, from time to time provided or made available to us by ANZ or as agreed in writing between us. We have a copy of these documents or have accessed them at [https://www.anz.com/institutional/global/singapore/en/forms-centre/#sg\\_trade\\_finance](https://www.anz.com/institutional/global/singapore/en/forms-centre/#sg_trade_finance) and have read them. We acknowledge ANZ recommends that we read these documents and seek clarification from ANZ about any issues of concern.

Authorised Signature of the Customer

Name of Authorised Signatory

Authorised Signature of the Customer

Name of Authorised Signatory

Company stamp or chop (if applicable):

**BANK USE ONLY**

Date received (dd/mm/yyyy)

All checks complete

Trade Relationship Officer

Signature(s) verified

☐ Yes ☐ No

Approved by

Manager / Team Leader