AUTHORITY FOR PAYMENT GUARANTEE (AVAL) OF BILL OF EXCHANGE



You need Adobe Reader 9.0 to view this form. You can download Adobe Reader free of charge. PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED) To: The Manager	
ANZ Trade and Supply Chain Select (Branch)	ANZ Inward Collection Reference
Date (dd/mm/yyyy)	Customer Reference
From (customer name and address, include company identification number i	f applicable):
I/We authorise ANZ to guarantee payment of or add its aval to a bill of exchange dated (dd/mm/yyyy)	nge which we have accepted with the following details Currency and amount
Drawn by: (Name & Address)	Collection requested by (Bank name & address)
Correspondent Collection Reference	
In consideration of ANZ guaranteeing payment of or adding it's aval to the bil	l of exchange above (Bill) we agree:
1. that if the Bill is dishonoured, we will repay ANZ the amount of the Bill plus interest at the current interest rate from the time of dishonour until repayment and all charges incurred by ANZ; and	
 to hold ANZ indemnified against, and to pay ANZ on demand, all damages, or adding its aval to, the Bill. 	losses and expenses which ANZ may incur in guaranteeing payment of,
Charges:	
Debit our following account for all charges relating to this Payment Guarantee	
Currency	Account Number
This authority 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 and given us the other applicable Trade Agreements. We acknowledge ANZ recommends that we read them 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
	Yes No
All checks complete	Approved by
Trade Relationship Officer	Manager / Team Leader