## APPLICATION FOR STANDBY LETTER OF CREDIT OR DEMAND GUARANTEE



To: The Manager ANZ Trade and Supply Chain Select (Branch)	Date (dd/mm/yyyy)
From: (Customer name and address, include company identifica	tion number if applicable):
, , , , , , , , , , , , , , , , , , , ,	
I/we request that ANZ issue a	with the following details:
In favour of: (Beneficiary's name)	Address
Beneficiary Contact Name / Telephone No	Amount (currency & amount in figures)
	Tancon (canons, alameans inglate)
	Expiry date in the country of the Issuing bank (dd/mm/yyyy)
Beneficiary's Bank (name and address)	Expiry date in the country of the issuing bank (dd/min/yyyyy)
Purpose and/or Special Conditions	
Please issue in your standard wording; or Please	ase word the Instrument in accordance with the attachment (subject to ANZ approval).
The Instrument to be issued by [Select]	ase word the instrument in accordance with the attachment (subject to ANZ approval).
Method of dispatch: Instrument to be:	
Advised to beneficiary via beneficiary's bank.	ied direct to the Beneficiary by courier.
Original delivered to Applicant by courier.	ginal deliver to Applicant at ANZ counter
Re-issued via a local Bank in the country of the Beneficiary (a	dditional charges will be incurred).
Charges:	
Debit our following account for all charges relating to this Instru	ument (payable on establishment):
Currency	Account Number
	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. ANZ recommends that we read these documents and seek clarif	.com/corporate and given us the other applicable Trade Agreements. We acknowledge
Authorised Signature	Name of Authorised Signatory
Authorised Signature	Name of Authorized Signatory
Authorised Signature	Name of Authorised Signatory

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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