

AUTHORITY FOR PAYMENT GUARANTEE (AVAL)
OF BILL OF EXCHANGE



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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 if applicable):

I/We authorise ANZ to guarantee payment of or add its aval to a bill of exchange which we have accepted with the following details

Bill of exchange dated (dd/mm/yyyy)

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 its aval to the bill 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
2. to hold ANZ indemnified against, and to pay ANZ on demand, all damages, losses and expenses which ANZ may incur in guaranteeing payment of, or adding its aval to, the Bill.

Charges:

Debit our following account for all charges relating to this Payment Guarantee AVAL:

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