

APPLICATION TO IRREVOCABLY TRANSFER AN
EXPORT DOCUMENTARY LETTER OF CREDIT



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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):

Please complete as appropriate:

Transferable Documentary Letter of Credit details:

Documentary Letter of Credit Number

Issuing Bank

Original amount of Credit

Expiry Date (dd/mm/yyyy)

I/we **enclose** the original of the above Transferable Documentary Letter of Credit (**Export Credit**) issued in our favour together with any attachments and amendments. As first beneficiary of the Export Credit, I/we now irrevocably request and authorise ANZ to transfer our rights in the Export Credit in accordance with the following instructions, to the named Transferee below:

Name of Transferee

Address of Transferee

Transferee's Bankers

Banker's Address (if known)

Transferee's SWIFT code

If correspondent arrangements are not held with the nominated Transferee Bank, ANZ may choose the correspondent bank.

Terms of transfer

This transfer is subject to the same terms and conditions as contained in the Export Credit with the exception of the following

Amount in figures (including currency)

Amount in words (including currency)

Unit price(s) amend to (as applicable)

Quantity of goods

Place of Expiry

New Expiry Date* (dd/mm/yyyy)

New latest shipment date (dd/mm/yyyy)

Presentation period for documents reduced to

 days*

(Minimum seven day reduction compared to original Documentary Letter of Credit's period)

The percentage of insurance cover required under the transferred credit is increased to

 %*

Other Details (if applicable)

Second Beneficiary's Bank fees are for account of

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I/We retain the right to substitute my/our own invoices for those of the transferee and provide my/our draft for the difference in value.

If within three business days of notification from ANZ I/we have failed to deliver substitute draft and invoices, I/we hereby authorise ANZ to forward the documents accompanying the draft of the transferee to the issuing bank without any responsibility on ANZ's part to pay me/us the difference between the amount of the transferee's draft and the amount authorised to be paid under the Export Credit.

Amendments advised to the transferee without my/our consent.

Charges:

Please debit ANZ's charges for this transfer (including SWIFT costs) to our:

Domestic account number

Foreign Currency account number: (Currency & number)

Our bank charges for the transfer are for the account of

Customer agreement:

If not already allowed, we authorise ANZ to seek approval from the issuing bank to allow ANZ to act as Transferring Bank.

We confirm that this request and the attached Documentary Letter of Credit are subject to Uniform Customs and Practice for Documentary Credits (2007 Revision) International Chamber of Commerce Publication No. 600 and the Uniform Rules for Bank-to-Bank Reimbursements under Documentary Credits, International Chamber of Commerce Publication No. 725.

We represent and warrant that the details of the Export Credit and the terms of the transfer specified in this application are true and correct. If ANZ agrees to act upon this application, please advise the Transferee of the terms of the Export Credit and the instructions in this application.

We acknowledge that ANZ retains the right to amend presentation periods and the percentage of insurance cover required in order to ensure compliance with the initial Export Credit under advice and consultation with us.

This application is subject to, and we are bound by, the terms in the ANZ Trade Terms booklet and any other applicable Trade Agreement. 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 these documents 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):

* ANZ retains the right to amend presentation periods and the percentage of insurance cover required in order to ensure compliance with the initial Documentary Letter of Credit under advice and consultation with the first beneficiary.

BANK USE ONLY

Date received (dd/mm/yyyy)

All checks complete

Trade Relationship Officer

Signature(s) verified

Yes No

Approved by

Manager / Team Leader