

Application for issue of Irrevocable Documentary Letter Of Credit - Import

(All Pages to be signed along with Company stamp)

To:

The Manager
YES Bank Ltd.,
Branch address

Date:

Place:

We request you to open an irrevocable letter of credit for purchase of Raw Material Capital goods
 Import of Services (tick one) as per details given below:

31 D:	Date and place of expiry	Date : _____	Place : _____
40 E	Applicable rules	UCP / URR Latest Version	
50:	Name and address of the applicant	Name _____	Address _____ _____
59:	Name and address of the beneficiary	Name _____	Address _____ _____
32 B:	Currency and amount of credit	(In figures) _____	(In words) _____
39 A:	Credit amount tolerance	_____ %	
41 A: (A/D)	Credit available with Credit available by (Pls. tick one)	<input type="checkbox"/> Any bank <input type="checkbox"/> Negotiation restricted to _____ (Bank name, Address, SWIFT code) <input type="checkbox"/> Acceptance <input type="checkbox"/> Deferred payment <input type="checkbox"/> Negotiation <input type="checkbox"/> SIGHT Payment	
42 C:	Drafts at (Pls. tick one)	<input type="checkbox"/> At SIGHT <input type="checkbox"/> At USANCE _____ days from date of shipment or any other (pls. specify)	
42 P:	Deferred payment details		
42 M:	Mixed payment details		
42 A:	Drafts drawn on (Pls. Tick one)	<input type="checkbox"/> YES Bank Ltd <input type="checkbox"/> Confirming Bank _____	
43 P:	Partial Shipments (Pls. Tick one)	<input type="checkbox"/> Prohibited <input type="checkbox"/> Permitted	
43 T:	Transshipments (Pls. Tick one)	<input type="checkbox"/> Prohibited <input type="checkbox"/> Permitted	
44 A:	Place of taking in charge/ Dispatch from/Place of receipt		
44E :	Port of loading/ Airport of departure		

44F:	Port of discharge/Airport of destination	
44B:	Place of final destination/For transportation to/Place of delivery from/Place of receipt	
44 C:	Latest date of shipment	____dd____mm____yyyy
45 A:	Description of goods and/or services	
	Contract terms (pls. tick one)	<input type="checkbox"/> EX WORKS <input type="checkbox"/> FOB <input type="checkbox"/> CPT <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> FCA <input type="checkbox"/> CIP or any other please specify_____
	Mode of shipment	<input type="checkbox"/> Sea <input type="checkbox"/> Air
	Import License details	<input type="checkbox"/> OGL <input type="checkbox"/> Under license no. _____
	HS code of commodity	HS code no. _____
46 A:	Documents required (please tick):	<input type="checkbox"/> Signed commercial invoice(s) in _____copies quoting import license/OGL reference and certifying that the goods supplied are as per purchase order of the applicant. Gross FOB/CIF/CFR value of the goods before deduction of agent's commission, if any, should not exceed the maximum amount of credit. <input type="checkbox"/> Full set of "Clean on Board" ocean Bills of Lading (Full set) made out to order of YES Bank Ltd with notify party as Applicant and marked freight pre-paid/freight to collect evidencing shipment of goods described above. Or Clean signed airway bill indicating original for consignor or shipper (original plus ----- copies) made in the name of YES Bank Ltd with notify party as applicant and marked freight pre-paid/freight to collect, evidencing shipment of goods described above. Airway bill must indicate flight number and date of dispatch. <input type="checkbox"/> Shipping Company's or their agent's certificate in duplicate stating that the carrying vessel named in the bill of lading is a seaworthy vessel and not more than 25 years old. <input type="checkbox"/> Air / Marine Insurance Policy or Certificate for a minimum 110% of the invoice value dated not later than the shipment date and issued by an insurance company made out to order and blank endorsed covering Institute Cargo Clause (A), Institute War Clause (Cargo) and Institute Strike Clause (Cargo) covering risk from the beneficiary's warehouse to the applicant's warehouse at _____with claims payable in India irrespective of percentage. <input type="checkbox"/> Certificate of origin issued by a Chamber of Commerce certifying that the goods are of _____origin in _____fold. <input type="checkbox"/> Packing List/Weight Note in _____fold.

		<input type="checkbox"/> Any other _____
71 B	Charges (Please tick one)	All charges outside India to the account of <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary If charges on account of applicant capping of charges (Pls. specify): _____
48:	Period of presentation of documents	Within _____ days from the date of _____
49:	Confirmation instructions	<input type="checkbox"/> Confirmation required <input type="checkbox"/> Confirmation not required
	Confirmation charges	<input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary If charges on account of applicant capping of charges (Pls. specify): _____
57 A	'Advise Through' Bank Advise Through Bank means 2 nd advising Bank as per MT700	Bank _____ SWIFT _____
78:	Instructions to the Paying/Accepting/Negotiating Bank	

For Margin: Account no. _____ to be debited for new FD.

Existing FD no. _____ to be utilized.

Line Limit _____ to be utilized

Any Other Instructions:

Declaration and undertaking:

1. To furnish the evidence of imports pertaining to shipment under this credit within the stipulated period.
2. We hereby agree that the above application and the issuance of Letter of Credit is subject to the provisions of the Uniform Customs and Practices for Documentary Credits (2007) Revision, ICC Brochure No 600 as amended.
3. In addition, we hereby irrevocably and unconditionally agree to accept the General Conditions of the continuing agreement and indemnity signed in your favour from time to time.
4. We confirm we have not opened any other letter of credit against the said purchase order /Proforma invoice /Contract with any other bank
5. We authorize you to debit our current account no _____ for all charges in connection with the issue of this Letter of Credit (unless otherwise specified elsewhere in this application).
6. In case of open insurance policy, we hereby confirm that:
"There is sufficient balance available in the insurance policy no. _____ dated _____, to cover the shipment under the LC and we will take care of necessary periodic declarations to be

made to the Insurance Company, if any required regarding the shipments covered under this LC.”

7. We understand that YES Bank Ltd will be routing the LC transmission through its network of correspondent Banks.
8. I/we also declare that the transaction does not have linkage with any Specially Designated Nationals and Blocked Persons (SDN)/countries listed under OFAC in any manner. If the transaction involves linkage with any Specially Designated Nationals and Blocked Persons (SDN)/countries listed under OFAC in any manner, I/we undertake not to hold YES Bank Limited responsible for any of its action or inaction in respect of the OFAC-linked transactions.

Note - Default GST registration details as updated in the Bank records will be considered for the said request. In case the no. to be considered is different, please notify below.

GSTIN Registration no.

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Authorized Signatory

Company Stamp / Seal

Date: _____

Place: _____