

REQUEST FOR THE SBLC DRAFT

VALIDITY	
SWIFT OR HARDCOPY	
<u>BRIEF DESCRIPTION :</u> PURPOSE FO SBLC - VALUE OF SBLC - EXPIRY DATE/TERM OF SBLC - ATTACHED AGREEMENT (IN ENGLISH) - WITHOUT/CONFIRM (IF CONFIRM, WHICH BANK) -	
APPLICANT'S DETAILS	
NAME:	
ADDRESS:	
CONTACT NO.:	
EMAIL:	
CONTACT PERSON:	
AMOUNT OF SBLC	

BENEFICIARY'S DETAILS	
NAME:	
ADDRESS:	
CONTACT NO.:	
EMAIL:	
CONTACT PERSON:	
BENEFICIARY'S BANK DETAILS	
NAME:	
ADDRESS:	
SWIFTCODE	
ACCOUNT NUMBER	

We hereby confirm that the information provided above is true and correct.

Authorised Signatory

Title :

Date :

- * The Form to be filled in by the Applicant and not our Staff/Agent
- * The form to be signed and stamp by the Applicant