

**REQUEST FOR LETTER OF CREDIT NEGOTIATION**



To :

**BANK USE ONLY**

We enclose the following documents drawn under the Letter of Credit mentioned below for negotiation/payment from the Issuing Bank.

Date :

BILL REF
----------

BENEFICIARY'S NAME & ADDRESS	ISSUING BANK & ADDRESS
INVOICE / REF NO.	
BILL AMOUNT	LC NO.
TENOR	LC ISSUE DATE
DESCRIPTION OF GOODS	LC ADVISING REF

**PAYMENT INSTRUCTIONS**

ADVANCE US IMMEDIATELY, A/C NO.	CREDIT US UPON RECEIPT OF FUNDS, A/C NO.
OFFSET OUR IMPORT BILLS UNDER REF	PLEASE UTILISE CONTRACT REF
HOLD PROCEEDS AND CONTACT US FOR FURTHER INSTRUCTIONS	PLEASE REMIT PROCEEDS TO : _____
	*Please refer below for Terms & Conditions

**SPECIAL INSTRUCTIONS**

IN CASE OF DISCREPANCIES, CONTACT: NAME:	TEL: FAX:	PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK BY COURIER SERVICE AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT
PLEASE TELEX ISSUING BANK FOR ACCEPTANCE OF DISCREPANCIES		
AS WE ARE NOT AMENDING DOCUMENTS, PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK FOR PAYMENT/ACCEPTANCE BY COURIER AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT UNDER *PHONE CONFIRMATION / WITHOUT PHONE CONFIRMATION TO US		PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK FOR PAYMENT/ ACCEPTANCE BY COURIER <b>WITHOUT CHECKING</b> AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT
# Please delete accordingly.		

**DOCUMENTS ATTACHED (PLEASE ATTACH ADDITIONAL COPY OF INVOICE AND NON-NEGOTIABLE B/L, AWB OR DO, OTHERWISE S\$10 WILL BE CHARGED)**

Draft	Comm Invoice	Packing List	Weight List	Cert of Origin	Insurance Pol/Cert	B/L	Airway Bill	Delivery Order	Bene's Cert	L/C	L/C Amend		

In consideration of your agreeing to negotiate at our request our drafts &/or documents under the said Letter of Credit which has not been confirmed by you, we agree with you that such negotiation shall be made under full recourse to us subject to final payment by the Credit Issuing Bank. We further agree that unless otherwise agreed in writing, all charges or interest incurred shall be for our account at your prescribed rate. This negotiation is subject to the Revision of the Uniform Customs & Practice, International Chamber of Commerce Publication stated in the said Letter of Credit.

\*We (the Applicant) consent to the Bank, its officials, employees, correspondents and agents disclosing any information regarding the Applicant's particulars, this Application, the subject matter thereof and the Applicant's accounts and affairs (including but not limited to the Applicant's name, account number/ unique reference number, address, unique identification number and/or date and place of birth) as the Bank shall deem appropriate for the purpose of any investigations relating to the Application made herein, any transaction connected therewith and/or towards compliance with law, regulations, guidelines, directives and/or such other requirements of regulatory authorities.

\_\_\_\_\_  
AUTHORISED SIGNATURE(S)

NAME(S) :

**FOR BANK USE ONLY**

REIMBURSING BANK	BILL AMOUNT DOC COMM COMM IN LIEU POSTAGE/COURIER OTHERS AMT TO CLAIM	DOCS TAKEN INITIAL DATE DOCS RETURNED DATE
PAYMENT METHOD	CHECKER (FIRST) DATE CHECKER (SECOND) DATE	<input type="checkbox"/> ADVANCE CUSTOMER <input type="checkbox"/> CREDIT CUSTOMER UPON RECEIPT OF FUNDS <input type="checkbox"/> FORWARD DOCS FOR PAYMENT <input type="checkbox"/> TELEX FOR AUTHORITY TO NEGOTIATE <input type="checkbox"/>
DESPATCH DOCS BY <input type="checkbox"/> AIRMAIL <input type="checkbox"/> COURIER IN ONE/TWO SETS		
CHARGES FOR A/C OF <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> APPLICANT		
TELEX ISSUING BANK <input type="checkbox"/> YES <input type="checkbox"/> NO		
LC RESTRICTED TO	LC EXPIRY LATEST PRESENTATION	APPROVED BY

Attention : \_\_\_\_\_ From : \_\_\_\_\_

Our Ref : \_\_\_\_\_ Bill Amount : \_\_\_\_\_ Under Invoice No.: \_\_\_\_\_

We have to refuse negotiation/honour due to the following discrepancies. Meanwhile, we are holding documents at your disposal. Should you wish to amend the documents, please contact us. If you do not wish to amend the discrepancies and instead wish us to telex issuing bank for acceptance of the said discrepancies or send documents for acceptance/payment, please authorise us accordingly.

Discrepancies noted:

Multiple horizontal lines for listing discrepancies.

PLEASE COLLECT YOUR DOCUMENTS FOR CORRECTION FROM : \_\_\_\_\_ TEL NO. : \_\_\_\_\_

AT TROC-EXPORT DEPARTMENT, 396 ALEXANDRA ROAD #17-00 SINGAPORE 119954, COLLECTION TIME: 9.00AM TO 12.00PM & 2.00PM TO 5.00PM

PLEASE CONTACT US AT THE ABOVE TELEPHONE NUMBER FOR FURTHER ENQUIRIES.

CONFIDENTIALITY CAUTION: ANY PERSON RECEIVING THIS COMMUNICATION AND ANY ENCLOSURE(S) , SHALL TREAT THE INFORMATION AS CONFIDENTIAL AND NOT MISUSE, COPY, DISCLOSE, DISTRIBUTE OR RETAIN THE INFORMATION IN ANY WAY THAT AMOUNTS TO A BREACH OF CONFIDENTIALITY. IF YOU ARE NOT THE INTENDED RECIPIENT, PLEASE INFORM THE SENDER IMMEDIATELY AT THE FAX NUMBER OR TELEPHONE NUMBER SHOWN(CALL COLLECT IF NECESSARY) AND DESTROY ALL COPIES OF THIS COMMUNICATION.

PLEASE NOTE THAT IT REMAINS YOUR RESPONSIBILITY TO ENSURE COMPLIANCE OF THE RELEVANT DOCUMENTS WITH THE TERMS/CONDITIONS OF THE LETTER OF CREDIT. THE DISCREPANCIES IDENTIFIED ABOVE MAY NOT BE EXHAUSTIVE.

\_\_\_\_\_

To :

Please proceed to forward the documents to the issuing bank for payment/acceptance notwithstanding the discrepancies listed above.

\_\_\_\_\_  
Authorised Signature (s) & Company Stamp / Company Name  
Name(s)

\_\_\_\_\_  
Date

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CUSTOMER COPY



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AUTHORISED SIGNATURE(S)

NAME(S) :

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DESPATCH DOCS BY <input type="checkbox"/> AIRMAIL <input type="checkbox"/> COURIER IN ONE/TWO SETS	LC RESTRICTED TO	APPROVED BY
CHARGES FOR A/C OF <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> APPLICANT	LC EXPIRY	
TELEX ISSUING BANK <input type="checkbox"/> YES <input type="checkbox"/> NO	LATEST PRESENTATION	

NO .

SINGAPORE \_\_\_\_\_

AT \_\_\_\_\_

OF THIS **FIRST** BILL OF EXCHANGE (SECOND UNPAID) PAY TO THE ORDER OF

THE SUM OF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



VALUE RECEIVED Drawn Under: \_\_\_\_\_

Irrevocable Documentary Credit No.: \_\_\_\_\_

Dated: \_\_\_\_\_

TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AUTHORISED SIGNATURE(S) & COMPANY STAMP / COMPANY NAME

NO .

SINGAPORE \_\_\_\_\_

AT \_\_\_\_\_

OF THIS **SECOND** BILL OF EXCHANGE (FIRST UNPAID) PAY TO THE ORDER OF

THE SUM OF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



VALUE RECEIVED Drawn Under: \_\_\_\_\_

Irrevocable Documentary Credit No.: \_\_\_\_\_

Dated: \_\_\_\_\_

TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AUTHORISED SIGNATURE(S) & COMPANY STAMP / COMPANY NAME

NO .

SINGAPORE \_\_\_\_\_

AT \_\_\_\_\_

OF THIS **FIRST** BILL OF EXCHANGE (SECOND UNPAID) PAY TO THE ORDER OF

THE SUM OF \_\_\_\_\_



VALUE RECEIVED Drawn Under: \_\_\_\_\_

Irrevocable Documentary Credit No.: \_\_\_\_\_

Dated: \_\_\_\_\_

TO \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AUTHORISED SIGNATURE(S) & COMPANY STAMP / COMPANY NAME