REQUEST FOR ISSUANCE OF DOMESTIC LETTER OF CREDIT (LC)

To,

The Branch Head

CSB Bank Ltd.

_____ Branch

Date_____

I/We, the undersigned being duly authorised by the below mentioned applicant, hereby request you to issue an irrevocable documentary Letter of Credit ("Credit") as per the details given below and against the limit sanctioned to us. I/We hereby agree and confirm that the Credit is subject to the sanctioned terms and conditions between the below mentioned applicant and CSB Bank Limited.

I/We state that the applicant shall pay the Bank charges and the requisite stamp duty on the Letter of Credit (or documents presented under it) as may be payable under the extant laws.

Unless otherwise expressly stated in the application, the credit is subject to the Uniform Customs and Practice for Documentary Credits (UCPDC) as per the latest International Chamber of Commerce (ICC) publication.

PARTICULARS	DETAILS
TYPE OF LC	IRREVOCABLE
APPLICABLE RULES	UCP LATEST VERSION
DATE AND PLACE OF EXPIRY	_____ PLACE _____
APPLICANT BANK	CSB BANK LIMITED
NAME & ADDRESS OF THE APPLICANT	_____ _____ _____
NAME & ADDRESS OF THE BENEFICIARY	_____ _____ _____
AMOUNT OF CREDIT	INR _____
ADDITIONAL AMOUNTS COVERED	INR _____ + (PRINCIPAL) _____ (USANCE INTEREST % OR AMOUNT)

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PERCENTAGE CREDIT AMOUNT TOLERANCE	TOLERANCE: + (PLUS) _____ % - (MINUS) _____ %
CREDIT AVAILABLE WITH	NAME OF THE BANK: _____ ADDRESS: _____ IFSC CODE: _____
CREDIT AVAILABLE BY	NEGOTIATION
DRAFTS AT*	☐ SIGHT ☐ _____ DAYS FROM THE DATE OF _____ ☐ OTHER, PLEASE SPECIFY _____
DEFERRED PAYMENT DETAILS*	☐ _____ DAYS FROM THE DATE OF SHIPMENT ☐ OTHER, PLEASE SPECIFY _____

* NOTE: -
- DRAFT IS MANDATORY, IF LC IS AVAILABLE BY 'ACCEPTANCE'.
- DRAFT IS NOT APPLICABLE IF LC IS AVAILABLE BY 'DEFERRED PAYMENT'.
- FOR USANCE PERIOD EXCEEDING 90 DAYS, DRAFT IS MANDATORY

DRAWEE	BANK NAME: _____ ADDRESS: _____ IFSC CODE: _____
PARTIAL SHIPMENT	PERMITTED
TRANSSHIPMENT	PERMITTED
SHIPMENT FROM	
SHIPMENT TO	
LATEST DATE OF SHIPMENT	
DESCRIPTION OF GOODS OR SERVICES	_____ _____ _____ _____
INCOTERMS	OTHER (PLEASE SPECIFY) _____

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PURCHASE ORDER (PO)/PROFORMA INVOICE (PI) DETAILS	
INSURANCE DOCUMENT BY APPLICANT (IN CASE OF APPLICABLE INCOTERMS)	APPLICANT TO PROVIDE INSURANCE DOCUMENT: INSURER: _____ POLICY NO.: _____ ISSUED ON: VALID TILL:
DOCUMENTS REQUIRED (KINDLY TICK THE BOX FOR INCLUSION)	☐ 1.BILL OF EXCHANGE/DRAFT DRAWN ON ISSUING BANK/_____ PAYABLE AT _____ DAYS FROM _____ / OTHER (PLEASE SPECIFY) _____ ☐ 2.SIGNED COMMERCIAL INVOICE (_____ORIGINAL ____ COPIES) MADE OUT IN THE NAME OF APPLICANT, NOT EXCEEDING THE CREDIT AMOUNT AND CERTIFYING THAT THE GOODS ARE AS PER THE PURCHASE ORDER/PROFORMA INVOICE NUMBER _____ DATED_____ ☐ 3.ORIGINAL LORRY RECEIPT CONSIGNED TO CSB BANK LTD. A/C _____ AS A PROOF OF DISPATCH ☐ 4.E-WAY BILL MENTIONING SHIPMENT DETAILS ☐ 5.PACKING LIST IN _____ ORIGINAL AND ____ COPIES ☐ 6.INSURANCE DOCUMENT IN CASE OF 'CIF' OR 'CIP' INCOTERMS: INSURANCE POLICY/CERTIFICATE IN ORIGINAL DATED NOT LATER THAN THE DATE OF DISPATCH SIGNED AND ISSUED BY INSURANCE COMPANY MADE TO ORDER AND BLANK ENDORSED FOR 110% OF CIP VALUE COVERING INSTITUTE CARGO CLAUSE (A) WITH EXTENDED COVER FOR TRANSSHIPMENT RISKS, IF APPLICABLE, THEFT, PILFERAGE, BREAKAGE AND NON-DELIVERY, INSTITUTE WAR CLAUSE (CARGO) AND INSTITUTE STRIKE CLAUSE (CARGO), INSTITUTE TRANSIT CLAUSE FOR WAREHOUSE TO WAREHOUSE COVER WITH CLAIMS PAYABLE IN INDIA IRRESPECTIVE OF PERCENTAGE. ☐ 6.DOCUMENT REQUIRED IN CASE THE INSURANCE IS COVERED BY APPLICANT: BENEFICIARY TO GIVE INTIMATION OF DISPATCH TO APPLICANT BY FAX AT FAX NO. _____ AND TO THE INSURANCE COMPANY AT FAX NO. _____. RESPECTIVE FAX TRANSMISSION REPORTS TO BE PRESENTED UNDER THE LC. ☐ 7.TEST CERTIFICATE OR/INSPECTION CERTIFICATE ISSUED BY _____ (NAME OF THE INSPECTING AGENCY, IF ANY) ☐ 8.OTHER (PLEASE SPECIFY) _____ _____ _____ _____ _____ _____

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ADDITIONAL CONDITIONS	☐ 1.ALL DOCUMENTS MUST BE IN ENGLISH ☐ 2.IF BILLS ARE RECEIVED WITH DISCREPANCIES, A DISCREPANCY FEE OF INR _____ WILL BE CHARGED, EVEN IF THE DISCREPANCIES ARE ACCEPTED BY US AND THE APPLI-CANT. THIS WILL BE DEDUCTED FROM THE BILL PROCEEDS ☐ 3. NEGOTIATING BANK SHALL SEND THE COMPLETE SET OF DOCUMENTS IN ONE LOT TO CSB BANK LIMITED _____ (ADDRESS OF THE ISSUING BRANCH/DOCUMENT HANDLING BRANCH NAME). ☐ OTHER (PLEASE SPECIFY) _____ _____ _____ _____ _____ _____
CHARGES	ALL CHARGES TO THE ACCOUNT OF _____
PERIOD OF PRESENTATION	☐ DOCUMENTS SHOULD BE PRESENTED WITHIN 21 DAYS FROM OR AFTER THE DATE OF SHIPMENT ☐ OTHER (PLEASE SPECIFY): _____
CONFIRMATION INSTRUCTIONS	MAY ADD
ADVISE THROUGH	NAME OF THE BANK: _____ ADDRESS: _____ IFSC DETAILS: _____
ANY OTHER CONDITIONS (PLEASE SPECIFY)	_____ _____ _____ _____ _____ _____

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NOTE

- Please attach additional page duly signed, for any additional documents/special conditions, which will form part of this application
- Authorised signatory must be authorised as per the BR to avail this facility
- You are also authorised to debit my account number _____ maintained with your bank for all applicable charges

Thanking you,

_____ Authorised signatory (ies)

_____ Company name and stamp

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