

Branch:

(To be completed by the applicant in block letters using black ink pen)

 I/We request you to open an Irrevocable Transferable Import LC Inland LC UPAS Import LC (please tick appropriate option) for purchase of Raw material Capital Goods Import of Services (please tick appropriate option), as per details given below:

1. Name of the Applicant:		2. Name & Address of the Beneficiary:	
Tel No: <input type="text"/>		Fax No: <input type="text"/>	
3. Preferred Advising Bank (SWIFT/ IFSC Code & Address):		4. Credit Available With:	
		<input type="checkbox"/> Any Bank <input type="checkbox"/> Negotiation restricted to _____ (Bank Name, SWIFT Code, Address)	
5. LC Details:		6. Credit Available By (Please select one):	
a) Confirmation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May Add		<input type="checkbox"/> Acceptance <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Negotiation <input type="checkbox"/> Sight Payment	
b) Expiry Date: / /			
c) Expiry Place: _____			
d) CCY & Amount (In figures) : _____		7. Draft At (Please select one):	
e) Tolerance: Plus _____ (%) Minus _____ (%)		<input type="checkbox"/> At Sight <input type="checkbox"/> At Usance _____ days from date of: <input type="checkbox"/> Airway Bill <input type="checkbox"/> Arrival of Goods <input type="checkbox"/> Bill of Exchange <input type="checkbox"/> Bill of Lading <input type="checkbox"/> Invoice <input type="checkbox"/> Shipment Date <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Others _____	
8. Incoterm (as per latest unless otherwise stated)		10. Draft Drawn on* (Please specify):	
<input type="checkbox"/> EX Works <input type="checkbox"/> FOB <input type="checkbox"/> FCA <input type="checkbox"/> FAS <input type="checkbox"/> CPT <input type="checkbox"/> CIP <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> DAP <input type="checkbox"/> DDT <input type="checkbox"/> DAT		<input type="checkbox"/> Issuing Bank <input type="checkbox"/> Confirming Bank <input type="checkbox"/> Others _____	
9. Description of Goods/Service		11(a) Deferred Payment Details	
		11(b) Mixed Payment Details	
9 a HS Code number			
<input type="checkbox"/> <input type="checkbox"/>			
12. Shipment Details:			
a) Mode of Shipment:		b) Place of receipt:	c) Port of loading:
<input type="checkbox"/> SEA <input type="checkbox"/> AIR <input type="checkbox"/> MULTIMODAL <input type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> WAY <input type="checkbox"/> BILL OTHS <input type="checkbox"/>		d) Port of discharge:	
e) Final place of delivery/destination:		f) Partial Shipment: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	
g) Transshipment <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed		h) Latest shipment date: / /	
i) Documents to be presented within _____ days from the date of issuance of transport document(s)/delivery order but within the credit validity.			
13. Other Charges (Please Tick either Applicant or Beneficiary to pay):			
a) All banking charges outside of Issuing Bank are for account of		<input type="checkbox"/> Applicant	<input type="checkbox"/> Beneficiary
b) LC Confirmation Charges (if any) are for account of		<input type="checkbox"/> Applicant	<input type="checkbox"/> Beneficiary
14. Documents Required:			
<input type="checkbox"/> Draft drawn on Issuing/Confirming bank for the full Invoice Value <input type="checkbox"/> Signed commercial invoice(s) in _____ copies quoting import license/OGI reference and certifying that the goods supplied are as per purchase order/proforma invoice/sales contract number _____ 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 or Full set of Multimodal or combined Transport document made out to order of Bank of Baroda _____ (Branch Address) with notify party as Applicant and marked freight pre-paid/freight payable at destination evidencing shipment of goods described above. Or <input type="checkbox"/> Clean signed airway bill (original plus _____ copies) Made in the name of Bank of Baroda _____ (Branch Address) with notify party as applicant and marked freight pre-paid/freight collect evidencing shipment of goods described above. Airway bill must indicate flight number and date of dispatch <input checked="" 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, has been approved under institute classification clause (class maintained equivalent to Lloyds A1) and has been registered with an approved classification society (certificate to specify the name of the classification society) <input type="checkbox"/> Air/Marine Insurance Policy or Certificate (Original plus copy) for a minimum 110% of the CIF value dated not later than the shipment date and issued by an insurance company made out to order or blank endorsed covering Institute Cargo Clause (A), with extended cover for trans-shipment risks if applicable, theft, pilferage, breakage and non-delivery, Institute War Clause (Cargo) and Institute Strike Clause (Cargo). Institute Transit clauses, from the beneficiary's warehouse to the applicant's warehouse at _____ with claims payable in _____ (City) _____ (State) 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 with details as per invoice <input type="checkbox"/> Test Certificate/Inspection Certificate dated _____ and issued by _____ specifying contents as per invoice.			

15. Authority to debit bank account to recover LC Commission/Cash Margin/Other Charges:

Authority to Debit	Account Type	Account Number												
Cash Margin	CA/CC/OD													
Commission and Charge	CA/CC/OD													

16. The notes hereunder form an integral part of this Application

- We hereby irrevocably and unconditionally agree that the credit is subject to the accepted General Conditions
- Except in so far as otherwise expressly stated, this Documentary Credit is subject to the Uniform Customs and Practice for Documentary Credits, 2007 Revision, International Chamber of Commerce Publication No. 600 and such later revision thereof in effect at the time of issuance of the Documentary Credit and any duly issued modification, interpretation or clarification thereof and where applicable, the Uniform Rules for Bank to Bank Reimbursement under Documentary Credits, International Chamber of Commerce Publication No. 725 and any amendments thereto
- We further declare that the undersigned has/have the authority to give the above debit authority, declaration and undertaking on behalf of the firm/company and all the information mentioned above is correct

DATE: / /

Authorised Signatory with Company/Firm Seal

DOCUMENTS ENCLOSED (TICK THE RELEVANT)	DOCUMENTS RECEIVED (For Branch Use)
<input type="checkbox"/> Copy of proforma invoice/purchase order/ sales contract *	<input type="checkbox"/>
<input type="checkbox"/> Additional Conditions in LC as per Annex 1 *	<input type="checkbox"/>
<input type="checkbox"/> Other documents (Please specify)	<input type="checkbox"/>
<input type="checkbox"/> * Mandatory Documents	<input type="checkbox"/>
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✂-----TEAR IT FROM HERE-----

:- **ACKNOWLEDGEMENT (To be retained by the customer):-**

Received an application for LC Issuance for the amount of _____ from M/s _____
 on _____ at _____ AM/PM for its onward submission to branch , for further processing vide Acknowledgement

Number/Reference ID _____
 Date: _____

Seal & Sign of the Branch