



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.
☐ OFFSET OUR IMPORT BILLS UNDER REF
☐ HOLD PROCEEDS AND CONTACT US FOR FURTHER INSTRUCTIONS

- ☐ CREDIT US UPON RECEIPT OF FUNDS, A/C NO.
☐ PLEASE UTILISE CONTRACT REF
☐ PLEASE REMIT PROCEEDS TO : _____

*Please refer below for Terms & Conditions

SPECIAL INSTRUCTIONS

- ☐ IN CASE OF DISCREPANCIES, CONTACT: TEL: NAME: FAX:
☐ 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 delete accordingly.

- ☐ PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK BY COURIER SERVICE AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT
☐ PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK FOR PAYMENT/ ACCEPTANCE BY COURIER **WITHOUT CHECKING** AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT
☐ _____

DOCUMENTS ATTACHED (PLEASE ATTACH ADDITIONAL COPY OF INVOICE AND NON-NEGOTIABLE B/L, AWB OR DO, OTHERWISE \$S10 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

Our Ref : _____ Bill Amount : _____ Under Invoice No.: _____

Discrepancies noted:

[illegible]

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

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.

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

Date _____



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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

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