ORIGINAL COPY REQUEST FOR LETTER OF CREDIT NEGOTIATION To: BANK USE ONLY BILL REF We enclose the following documents drawn under the Letter of Credit mentioned below for negotiation/payment from the Issuing Bank. Date: 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 PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK BY COURIER ■ IN CASE OF DISCREPANCIES, CONTACT: TFI: NAME: SERVICE AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT PLEASE TELEX ISSUING BANK FOR ACCEPTANCE OF DISCREPANCIES PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK FOR PAYMENT/ AS WE ARE NOT AMENDING DOCUMENTS, PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK FOR PAYMENT/ACCEPTANCE BY COURIER AT OUR ACCEPTANCE BY COURIER WITHOUT CHECKING AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT UNDER "PHONE CONFIRMATION / WITHOUT PHONE CONFIRMATION TO US # Please delete accordingly. DOCUMENTS ATTACHED (PLEASE ATTACH ADDITIONAL COPY OF INVOICE AND NON-NEGOTIABLE B/L, AWB OR DO, OTHERWISE \$\$10 WILL BE CHARGED) Packing Comm Cert of Insurance Airway Delivery Bene's I/C Draft Invoice List List Origin Pol/Cert Bill Order Cert 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.

UTHORISED SIGNATURE(S)	

FOR BANK USE ONLY

NAME(S):

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

Attention:		From :
		Under Invoice No.:
	o not wish to amend the disc	uncies. Meanwhile, we are holding documents at your disposal. Should you wish to amend the crepancies and instead wish us to telex issuing bank for acceptance of the said discrepancies or ordingly.
screpancies noted:		
EASE COLLECT YOUR DOCUMENTS	FOR CORRECTION FROM :	TEL NO. :
TROC-EXPORT DEPARTMENT, 396	ALEXANDRA ROAD #17-00 S	SINGAPORE 119954, COLLECTION TIME: 9.00AM TO 12.00PM & 2.00PM TO 5.00PM
EASE CONTACT US AT THE ABOVE T		
SUSE, COPY, DISCLOSE, DISTRIBUTI	E OR RETAIN THE INFORMATION	MUNICATION AND ANY ENCLOSURE(S) , SHALL TREAT THE INFORMATION AS CONFIDENTIAL AND TON IN ANY WAY THAT AMOUNTS TO A BREACH OF CONFIDENTIALITY. IF YOU ARE NOT THE INTE! (NUMBER OR TELEPHONE NUMBER SHOWN(CALL COLLECT IF NECESSARY) AND DESTROY ALL CO
		RE COMPLIANCE OF THE RELEVANT DOCUMENTS WITH THE TERMS/CONDITIONS OF THE LETTE AUSTIVE.
:		
ase proceed to forward the documents	to the issuing bank for paymer	ent/acceptance notwithstanding the discrepancies listed above.
ithorised Signature (s) & Company Stam		

REQUEST FOR LETTER OF CREDIT NEGOTIATION

CUSTOMER COPY

BANK USE ONLY	
BILL REF	

										BANK USE	ONLY		••••
We enclose	the following	documents of	drawn under t	the Letter of	Credit					BILL REF			
	below for neg						Date :						
BENEFICIARY'S NAME & ADDRESS						ISSUING E	BANK & ADDF	RESS					
INVOICE / F	REF NO.												
BILL AMOL	JNT						LC NO.						
TENOR							LC ISSUE	DATE					
DESCRIPTI	ON OF GOOD	DS .					LC ADVISI	NG REF					
PAYMEN	IT INSTRU	CTIONS											
ADVA	NCE US IMME	EDIATELY, A/O	NO.				CRED	IT US UPON	RECEIPT OF	FUNDS, A/C	NO.		
	ET OUR IMPO						_	SE UTILISE O					
☐ HOLD	PROCEEDS A	AND CONTAC	CT US FOR F	URTHER INS	STRUCTIONS	;	☐ PLEAS	SE REMIT PR	OCEEDS TO	:			
							*Please	e refer below fo	r Terms & Cor	nditions			
SPECIAI	LINSTRUC	CTIONS											
IN CASE OF DISCREPANCIES, CONTACT: TEL: NAME: FAX:						PLEASE FORWARD DOCUMENTS TO THE ISSUING BANK BY COURIER SERVICE AT OUR OWN RISK AND RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT							
PLEAS	SE TELEX ISS	UING BANK F	FOR ACCEPT	TANCE OF D	ISCREPANCII	ES		SE FORWARD				K EOD DAVN	IENIT/
TO TH	E ARE NOT AN HE ISSUING E	BANK FOR PA	YMENT/ACC	EPTANCE B	Y COURIER A	AT OUR	ACCE	PTANCE BY (COURIER WI	THOUT CHE	CKING AT O	UR OWN RIS	SK AND
OTHE	RISK AND RE RWISE STATE DUT PHONE (D IN THE CR	EDIT UNDEF				RESPONSIBILITY, NOTWITHSTANDING INSTRUCTIONS OTHERWISE STATED IN THE CREDIT						
	se delete accor		JN 10 03										
DOCUME	NTS ATTACH	IED (PLEAS	E ATTACH A	ADDITIONA	L COPY OF	INVOICE A	ND NON-NE	GOTIABLE	B/L, AWB C	PR DO, OTH	ERWISE 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		
lm aamaida	wation of us		.			ofte Oleved			d I attau at	Overalit vulsia	 		
we agree	eration of yo with you tha	t such nego	tiation sha	ll be made	under full re	course to	us subject t	o final paym	ent by the (Credit Issui	ng Bank. W	e further ag	ree that
	nerwise agre form Custon		٥,					, ,			otiation is s	subject to tr	ie Kevision
	Applicant) co												
unique ref	cation, the s ference num	ber, addres	s, unique id	lentification	number an	id/or date a	and place of	birth) as th	e Bank shal	I deem app	ropriate for	the purpos	e of any
	ions relating and/or such						ted therewi	th and/or to	wards com	pliance with	n law, regula	ations, guid	elines,
AUTHORIS	ED SIGNATUR	RE(S)											
NAME(S) :													
FOR BAN	K USE ONLY	<i>(</i>											

FOR BANK USE ONLY				
REIMBURSING BANK			BILL AMOUNT DOC COMM	DOCS TAKEN INITIAL
PAYMENT METHOD			COMM IN LIEU POSTAGE/COURIER OTHERS AMT TO CLAIM	DATE DOCS RETURNED DATE
DESPATCH DOCS BY	AIRMAIL IN ONE/TWO SETS	COURIER	CHECKER (FIRST)	ADVANCE CUSTOMER
	IN ONE/TWO SETS		DATE	CREDIT CUSTOMER UPON RECEIPT OF FUNDS
CHARGES FOR A/C OF	BENEFICIARY	APPLICANT	CHECKER (SECOND)	FORWARD DOCS FOR PAYMENT
TELEX ISSUING BANK	YES	□ NO	DATE	TELEX FOR AUTHORITY TO NEGOTIATE
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	
Irrevocable Documentary Credit No.:	
Dated:	
то	
	AUTHORISED SIGNATURE(S) & COMPANY STAMP / COMPANY NAME

FRN-3.11 (R11.10)

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:	
то	
	AUTHORISED SIGNATURE(S) & COMPANY STAMP / COMPANY NAME

SINGAPORE ___

FRN-3.11 (R11.10)

NO.

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:	
ТО	
	AUTHORISED SIGNATURE(S) & COMPANY STAMP / COMPANY NAME

SINGAPORE ___

FRN-3.11 (R11.10)

NO.