| Sirs, | | | | | | | | |
|---|--|---------------------------|--------------------|---------------------|---------------------|-------------------------------|-----------------|--|
| TRUST F | RECEIPT FINANCII | NG | | | | | | |
| Seller | : | | | | | | | |
| Term | : | | | | | | | |
| | | | | | | | | |
| | se herewith the foll th amount to our Tr | | | e effect paymen | it on our behalf | to the above-nan | ned seller, and | |
| | | · | | | • | | | |
| Documer Submitted | | Commercial Invoices | Delivery orders | BL / AWB | Proforma Invoice | Purchase / Sales Orders | Others | |
| No. of | | | | | | | | |
| Covering | Merchandise: | | | | | | | |
| Covering | iviercrianuise. | | | | | | | |
| | dingly submit our E | | | t form duly signe | ed, and have sig | gned "CERTIFIED | TRUE COPY" | |
| on all nor | n-negotiable, photo- | copy and unsigne | d documents. | | | | | |
| We herel | by declare and co | nfirm <i>(Please tick</i> | where applica | able): | | | | |
| (X) the above-mentioned documents are authentic and genuine | | | | | | | | |
| (X) we have not obtained financing for the above mentioned bill(s) from any other financial institution | | | | | | | | |
| () the seller is not related to our company in any way () we have received the goods in good order and condition | | | | | | | | |
| () the seller will deliver goods/shipping documents to us upon receipt of funds from you | | | | | | | | |
| this application is being made within 21 days of relevant invoice/transport document date | | | | | | | | |
| | s application is beir quest for the remair | | | | | extended to us, a | nd we now | |
| 160 | quest for the remain | iing penod avallab | ie to us under t | out TTC facility wi | itii you. | | | |
| | ons (Please tick) | | | | | | | |
| () Fo | rward your banker's | s cheque to the se | ller by registere | ed mail | | | | |
| () Co |) Contact seller to collect your banker's cheque by hand | | | | | | | |
| (Name & Tel No.: | | | | | | | | |
| () Cr | edit seller's accoun | t no: | | | | | | |
| Wi | th (bank's name) _ | . 110. | | | | | | |
| | | | | | | | | |
| () Ot | hers (please specify | y) | | | | | | |
| | | | | | | | | |
| * Please | debit all charges to | our account. | | | | | | |
| | | | | | | | | |
| Yours fait | thfully | | | | | | | |
| . care ian | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Authorise | ed signatory(ies) and | d Co.'s stamp | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

: MALAYAN BANKING BERHAD SINGAPORE

То