

Irrevocable Documentary Letter of Credit Application

Date	DD	MM	YYYY	LC For	Please choose one		For Bank Use only			
					<input type="checkbox"/> Goods	<input type="checkbox"/> Service				
Facility ID							LC No.			
LC Type	<input type="checkbox"/> Transferable LC			<input type="checkbox"/> Revolving LC.			<input type="checkbox"/> Standby LC			
	<input type="checkbox"/> Confirmed LC			<input type="checkbox"/> May Add Confirmation			Time Stamp			

APPLICANT (Documents to be in the name of and / or notify party)

NAME									
ADDRESS									
TELE / MOBILE					E-MAIL				

BENEFICIARY (Please print complete name and address)

NAME									
ADDRESS									
COUNTRY									
TELE / MOBILE					E-MAIL				

ADVISING THROUGH	Advising Bank (subject to the requiring bank is approved by NCB. Otherwise, LC will be advised available with our approved correspondent)								
BANK NAME									
BANK ADDRESS									
BIC CODE									

IBAN																			
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CURRENCY										Please choose one <input type="checkbox"/> About <input type="checkbox"/> Plus / MINUS + / - _____%
AMOUNT										
IN WORDS										

PAYMENT TERM CREDIT AVAILABLE BY	Please choose one				TENOR PERIOD	Please choose one			
<input type="checkbox"/> Payment At Sight <input type="checkbox"/> Acceptance payment at _____ Days after <input type="checkbox"/> Deferred payment at _____ Days after <input type="checkbox"/> By Negotiation <input type="checkbox"/> Mixed payment (specify details) _____					<input type="checkbox"/> Receipt of Documents by NCB <input type="checkbox"/> Date of Shipment <input type="checkbox"/> Date of _____				

PARTIAL SHIPMENT	Please choose one			TRANSHIPMENT	Please choose one			LAST SHIPMENT DATE	DD	MM	YYYY
<input type="checkbox"/> Allowed <input type="checkbox"/> Not allowed				<input type="checkbox"/> Allowed <input type="checkbox"/> Not allowed					LC EXPIRY DATE		

PRESENTATION OF DOCUMENTS	Please choose one		<input type="checkbox"/> WITHIN () DAYS LC VALIDITY	<input type="checkbox"/> WITHIN LC VALIDITY
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PORT OF LOADING	FROM:	PORT OF DISCHARGE	TO:
AIRPORT OF DEPARTURE		AIRPORT OF DESTINATION	
PLACE OF DISPATCH		PLACE OF DESTINATION	

DELIVERY TERMS (As per latest incoterms version)					Please choose one				
<input type="checkbox"/> EX WORKS (Specify the exact place above)			<input type="checkbox"/> FOB	<input type="checkbox"/> CFR	<input type="checkbox"/> CIF	<input type="checkbox"/> Other _____			
<input type="checkbox"/> FCA	<input type="checkbox"/> FAS	<input type="checkbox"/> CPT	<input type="checkbox"/> CIP (for shipment by container by sea and road, rail, air)						

BRIEF DESCRIPTION OF GOODS / PERFORMANCE										
<input type="checkbox"/> Food Grains	<input type="checkbox"/> Fruits & Vegetables	<input type="checkbox"/> Sugar, Tea and Coffee	<input type="checkbox"/> Livestock & Meat	<input type="checkbox"/> Other Foodstuff	<input type="checkbox"/> Textiles & Clothing	<input type="checkbox"/> Building Materials	<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Machinery	<input type="checkbox"/> Appliances	<input type="checkbox"/> Other Goods

FOR INSURANCE
IF THE DELIVERY TERMS DO NOT COVER INSURANCE, THE NATIONAL COMMERCIAL BANK IS REQUESTED TO ARRANGE AN INSURANCE POLICY AT MY/OUR EXPENSE AND YOU ARE AUTHORIZED TO DEBIT MY/OUR ACCOUNT, ALTHOUGH THE NATIONAL COMMERCIAL BANK IS NOT OBLIGED TO SECURE THE INSURANCE COVER.

AUTHORIZED SIGNATURE									
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DOCUMENTS REQUIRED (Please mark where applicable)

- SIGNED COMMERCIAL INVOICES IN ORIGINAL AND _____ COPIES CERTIFIED BY _____
- FULL SET OF ON BOARD MARINE BILLS OF LADING ISSUED TO THE ORDER OF THE NATIONAL COMMERCIAL BANK SHOWING THE NUMBER OF THIS DOCUMENTARY CREDIT MARKED Please choose one FREIGHT PREPAID FREIGHT PAYABLE AT DESTINATION. AND NOTIFY APPLICANT OR _____ AND APPENDED DECLARATION TO BILLS OF LADING AND SAFETY CERTIFICATE ARE REQUIRED.
- AIR WAY BILL (ORIGINAL NO.3 FOR SHIPPER) ESTABLISHED ON THE CARRIER LOGO PRINT AND CONSIGNED IN THE NATIONAL COMMERCIAL BANK, SHOWING THE NUMBER OF THIS DOCUMENTARY CREDIT, ACTUAL FLIGHT DATE AND ACTUAL FLIGHT NUMBER DULY SIGNED BY THE CARRIER OR HIS AGENT AND MARKED Please choose one FREIGHT PREPAID FREIGHT PAYABLE AT DESTINATION. AND NOTIFY APPLICANT OR _____ AND APPENDED DECLARATION TO AIRWAY BILLS IS REQUIRED.
- ROAD TRANSPORT DOCUMENT NAMED TRUCK CONSIGNMENT NOTE SHOWING THE NATIONAL COMMERCIAL BANK AS CONSIGNEE, THE NUMBER OF THIS DOCUMENTARY CREDIT, TRUCK LICENSE NUMBER, NAME OF THE DRIVER, NAME AND ADDRESS OF THE TRANSPORTER'S LOCAL AGENT AND MARKED Please choose one FREIGHT PREPAID FREIGHT PAYABLE AT DESTINATION. AND NOTIFY APPLICANT OR _____
- INSURANCE POLICY OR CERTIFICATE IN DUPLICATE ISSUED TO THE ORDER OF THE NATIONAL COMMERCIAL BANK IN THE CURRENCY OF THIS DOCUMENTARY CREDIT FOR AT LEAST %110 OF INVOICE VALUE. APPLICABLE TO CIF/CIP CREDITS A CERTIFICATE APPENDED TO THE INSURANCE POLICY ISSUED BY THE INSURANCE COMPANY.
- CERTIFICATE OF ORIGIN ISSUED BY _____ AND CERTIFIED BY _____ OR BY INDUSTRIAL UNION OF EXPORTING COUNTRY OR CCPIT STATING THE NAME AND ADDRESS OF MANUFACTURER OF THE GOODS AND STATING THAT GOODS ARE OF _____
- PACKING LIST IN _____ COPIES SHOWING DETAILS OF PACKING.
- CERTIFICATE OF WEIGHT IN _____ COPIES.
- (IN CASE OF SHIPMENT IN CONTAINER), A CERTIFICATE ISSUED BY THE BENEFICIARY STATING THAT A LABEL WITH NAME AND FAX/CABLE/TELEX ADDRESS OF THE APPLICANT ALONG WITH A COPY OF PACKING LIST OR LIST OF CONTENT HAS BEEN AFFIXED ON THE INSIDE PART OF THE CONTAINER'S DOOR.
- FORWARDER'S CERTIFICATE OF RECEIPT (FCR) ISSUED BY THE SHIPPING AGENT M/S _____ CONFIRMING RECEIPT OF THE GOODS DESCRIBED IN THIS LETTER OF CREDIT FOR ONWARD DELIVERY TO _____
- OTHER DOCUMENTS AND CONDITIONS (See the attachment)

CHARGES

ISSUING BANK CHARGES ARE FOR THE ACCOUNT OF THE <small>Please choose one</small>	<input type="checkbox"/> APPLICANT ACCOUNT	<input type="checkbox"/> BENEFICIARY ACCOUNT
CONFIRMING BANK CHARGES ARE FOR THE ACCOUNT OF <small>Please choose one</small>	<input type="checkbox"/> APPLICANT ACCOUNT	<input type="checkbox"/> BENEFICIARY ACCOUNT
ALL OTHER BANK CHARGES ARE FOR THE ACCOUNT OF THE <small>Please choose one</small>	<input type="checkbox"/> APPLICANT ACCOUNT	<input type="checkbox"/> BENEFICIARY ACCOUNT
I/WE HEREBY AUTHORIZE YOU TO DEBIT MY/OUR ACCOUNT FOR YOUR CHARGES AND AGREED MARGIN OR <input type="checkbox"/> 100% OF THE DOCUMENTARY CREDIT VALUE.		
I/WE HEREBY AUTHORIZE YOU TO HOLD THE MARGIN IN <small>Please choose one</small>		
<input type="checkbox"/> LOCAL CURRENCY <input type="checkbox"/> FOREIGN CURRENCY TO BE SOLD TO ME/US AT YOUR PREVAILING SPOT RATE OR PRE-AGREED RATE AND ALSO AUTHORIZE YOU TO DEBIT MY/OUR ACCOUNT FOR THE VALUE OF DOCUMENTS RECEIVED.		

ACCOUNT NUMBER

FOR FACILITY																			
FOR MARGIN AND SETTLEMENT																			
FOR BANK CHARGES																			

TERMS AND CONDITIONS

Except as otherwise indicated, in the above publication and in the terms and conditions of this documentary credit, the general contract terms signed by me/us with your bank shall apply.

You shall not be responsible for the validity, genuineness or correctness of the documents and/or any endorsement thereon. All actions taken by you in good faith in connection with such documentary credit shall be binding on Me/Us and shall not place you or your correspondent(s) under any obligation and/ or liability to Me/Us.

We hereby declare and undertake that the goods/performances of this LC are identically corresponding with our commercial activity permitted in our C.R. and the facilities agreement.

Under My/Our full and sole risk and responsibility, please issue this irrevocable documentary credit as per the above terms and conditions. This documentary credit and any further amendments are subject to the Uniform Customs and Practice for Documentary Credits 2007 Revision. Publication no. 600 (UCP600) of the International Chamber of Commerce, Paris. Moreover, you are hereby authorized (but no obliged) to demand any further documents in addition to the documents specified above under this documentary credit which you may deem necessary to comply with any other requirements.

We hereby undertake to indemnify to the national commercial bank, and hold the said bank non-obligated against any and all actions, claims or demands, proceedings, losses, liability, cost and expenses (including legal costs on full indemnity basis) which the said bank may suffer or incur by reason of deletion of: ISM certificate/ Vessel age clause/ Vessel route certificate and Appended declaration to the insurance policy or certificate.

Additionally, all parties involved under this transaction will be screened via World Check list or any other source approved by NCB.

Furthermore, we authorize The National Commercial Bank to Debit Value of the Shipment and all Charges from our Account without any Prior notice or Approval.

We acknowledge and agree to incorporate the appropriate sanction clause as required by NCB.

We acknowledge and agree that all charges, expenses, prices, and all amounts due on us in connection with the issuance of this letter of credit in accordance with these terms and conditions are exclusive of the Value Added Tax ("VAT"). Which shall be added by the Bank at the prevailing rate as applicable in accordance with the VAT Law promulgated by the royal decree no. (M/113) dated 1438/11/02H and its implementing regulations issued by the General Authority for Zakat and Income and all its amendments from time for most, and also are exclusive of any taxes that the Bank is obliged to collect under any laws or regulations or instructions whether related to enforce or manage VAT on goods and services in the Kingdom of Saudi Arabia or any other taxes at present or in the future. We hereby acknowledge and agree to pay the VAT collected by the Bank, and we also acknowledge and agree to be charged or debited from any of our accounts with the Bank."

AUTHORIZED SIGNATURE		
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