



## APPLICATION FORM DOCUMENTARY LETTER OF CREDIT

TYPE:		
APPLICANT	NAME:	
	ADDRESS:	
	CONTACT NO.:	
	EMAIL:	
	CONTACT PERSON:	
AMOUNT OF LC:		
BENEFICIARY BANK	BANK NAME:	
	BANK ADDRESS:	
	BANK SWIFT CODE:	
	BANK ACCOUNT NO.:	
BENEFICIARY (RECEIVER/ ACCOUNTHOLDER IN BENEFICIARY BANK)	NAME:	
	ADDRESS:	
	PHONE:	
	EMAIL:	
VALIDITY/EXPIRATION DATE:	90 DAYS VALIDITY	
SHIPMENT DETAILS:	LATEST SHIPMENT DATE:	15 DAYS BEFORE EXPIRY



	SHIPMENT FROM:	PORT OF SANTOS, BRAZIL.
	SHIPMENT TO:	CFR JABEL ALI, UAE
INCOTERM:	CIF / CFR / FOB	CIF
PARTIAL SHIPMENT:	ALLOWED / NOT ALLOWED	ALLOWED
TRANS-SHIPMENT:	ALLOWED / NOT ALLOWED	ALLOWED
PROFORMA INVOICE/CONTRACT DETAILS:	MERCHANDIZE DESCRIPTION:	SUGAR ICUMSA 45
	PROFORMA INVOICE REF.:	
	PROFORMA INVOICE DATE:	APR 26, 2025
REQUIRED DOCUMENTS		
TRANSFERABLE:	YES / NO:	YES
INSTRUMENT SENT VIA:	SWIFT:	YES
	COURIER:	
	BENEFICIARY CONTACT PERSON:	N/A
	FULL ADDRESS:	N/A
	PHONE:	N/A
	EMAIL:	N/A

*Note: If there is a verbiage, kindly attach with this filled form.*

