

**APPLICATION FOR ISSUE OF IRREVOCABLE  
DOCUMENTARY LETTER OF CREDIT-INLAND**  
**(All Pages to be signed along with Company stamp)**



Branch: \_\_\_\_\_

Date | D | D | M | M | Y | Y | Y | Y | Y

We request you to open an irrevocable letter of credit for purchase of  Raw Material  Capital Goods  Services (tick one) as per details given below:

Date and place of expiry of LC	Date : _____	Place: _____								
Name and address of the applicant	Name: _____ Address: _____									
Name and address of the beneficiary	Name: _____ Address: _____									
LC currency and amount	(In figures) (In words)									
Credit amount tolerance	+ _____ % / - _____ %									
LC to be transmitted vide SFMS	State the IFSC code , Name and Address of Advising Bank  Bank Name: _____  Bank Address: _____  IFSC Code: _____									
Type of L/C	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Irrevocable & Transferable <input type="checkbox"/> Standby									
Credit available by (Please tick any one) Credit available with	<input type="checkbox"/> Acceptance / <input type="checkbox"/> Negotiation / <input type="checkbox"/> Payment / <input type="checkbox"/> Deferred payments <input type="checkbox"/> Any Bank <input type="checkbox"/> Negotiation restricted to _____ <span style="float: right;">(Bank Name, Address, IFSC Code)</span>									
Confirmation instructions (Please tick one)	<input type="checkbox"/> CONFIRM <input type="checkbox"/> MAY ADD <input type="checkbox"/> WITHOUT									
Confirmation charges	<input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary If charges on account of applicant capping of charges ( Please specify) _____									
Drafts at (Pls. Tick one)	<input type="checkbox"/> At SIGHT  <input type="checkbox"/> At USANCE _____ days from _____ <span style="float: right;">(Pls. specify)</span>									
PO/PI/Contract/Indent reference	No. _____ Date: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Partial shipments (Pls. tick one)	<input type="checkbox"/> Prohibited <input type="checkbox"/> Permitted									
Transhipments (Pls. tick one)	<input type="checkbox"/> Prohibited <input type="checkbox"/> Permitted									
Shipment from	_____									
Shipment to	_____ Via _____									
Latest date of shipment	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Quantity and description of goods	_____									
Contract terms (Pls. tick one INCO Term), If any other please specify with place	<input type="checkbox"/> Ex works <input type="checkbox"/> FOB <input type="checkbox"/> FCA <input type="checkbox"/> CIP <input type="checkbox"/> CFR <input type="checkbox"/> CPT <input type="checkbox"/> CIF <input type="checkbox"/> Any other _____									
Presentation Period	_____ days from shipment									

**For Margin:**

Account no. \_\_\_\_\_ to be debited for new Fixed Deposit.

Existing FD no. \_\_\_\_\_ to be utilized.

Line limit to be utilized: \_\_\_\_\_

**Documents Required (Please Tick)**

Signed Commercial Invoice(s) in \_\_\_\_\_ original and \_\_\_\_\_ copies.

Original Lorry receipt/ Railway receipt consigned to RBL Bank Ltd account applicant showing that the goods have been dispatched and marked 'freight to pay/freight prepaid' and mentioning our LC number and date. Lorry receipt /Railway receipt should have two parallel lines across it in red ink and should contain the words "the consignee copy of this receipt is intended to be negotiated with a bank"

Inland transit Insurance policy, for at least the invoice value of the goods plus 10 pct endorsed in blank, covering Inland transit risk as per Inland transit clauses (a), SRCC as per institute strike clauses (cargo) with claims payable irrespective of percentage, should accompany the transport documents. Insurance to cover risk from supplier's warehouse to opener warehouse at \_\_\_\_\_.

Insurance covered by applicant/beneficiary.

A certificate from the beneficiary certifying that they have Faxed, immediately on dispatch, details of dispatch covering (a) Name of the carrier (b) Railway receipt no. or Lorry receipt no.(c) Place of taking in charge (d) Place of final destination , to \_\_\_\_\_ (Name and Address of the Insurance company) quoting Insurance policy number \_\_\_\_\_ dated D D M M Y Y Y Y

In case of Open Insurance policy, we hereby confirm that: "There is sufficient balance available in the Insurance policy no. \_\_\_\_\_ dated D D M M Y Y Y Y to cover the shipment under the LC and we will take care of necessary periodic declarations to be made to the Insurance Company, if any required regarding the shipments covered under this LC."

Others

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional conditions:**

1. Applicant bank charges to applicant account beneficiary bank charges to beneficiary account

2. Any other please specify \_\_\_\_\_

Other instructions: \_\_\_\_\_

**We hereby agree and undertake as follows:**

1. We hereby agree that the above application and the issuance of Letter of Credit is subject to the provisions of the Uniform Customs and Practices for Documentary Credits (2007) Revision, ICC Brochure No 600 or any other modifications or amendments thereof for the time being in force.
2. In addition, we hereby irrevocably and unconditionally agree to accept the General Conditions of the continuing agreement and indemnity signed in your favour from time to time.
3. We confirm we have not opened any other letter of credit against the said order with any other bank.
4. In case of transmission vide **SFMS**, we shall not hold RBL Bank liable for any delay, charges, costs, etc. incurred post transmission of the LC to the advising bank.

Thanking you.

Yours faithfully,

(Signature of the applicant)

Place : \_\_\_\_\_

Date: D D M M Y Y Y Y

(Director/Partner/Proprietor/Individual)

**Encl:** For additional information refer annexure