

LC APPLICATION FORM



Guaranty Trust Bank (Ghana) Limited

APPLICATION TO ESTABLISH A DOCUMENTARY LETTER OF CREDIT BASED ON FORM NUMBER

1. We

Title	Last Name	Middle Name	First Name	Maiden Name
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NAME OF APPLICANT

OF

ADDRESS OF APPLICANT

2. REQUEST THAT YOU ESTABLISH DOCUMENTARY LETTER OF CREDIT ON OUR ACCOUNT IN FAVOUR OF

Title	Last Name	Middle Name	First Name	Maiden Name
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BENEFICIARY'S NAME

Title	Last Name	Middle Name	First Name	Maiden Name
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BENEFICIARY'S ADDRESS

3. FOR THE SUM OF: Figures

AMOUNT IN WORDS:

4. LC EXPIRES ON:

5. COVERING THE SHIPMENT OF (GOODS)

6. AS PER PROFORMA INVOICE NO: DATED

7. TO BE PAID AT SIGHT / TENURE OF DAYS FROM:
ON PRESENTATION OF THE FOLLOWING:

	No. OF ORIGINALS	No. OF COPIES		No. OF ORIGINALS	No. OF COPIES
A. BILL OF LADING	<input type="text"/>	<input type="text"/>	B. COMBINE CERTIFICATE OF VALUE AND ORIGIN	<input type="text"/>	<input type="text"/>
C. AIRWAY BILL	<input type="text"/>	<input type="text"/>	D. COMMERCIAL INVOICE	<input type="text"/>	<input type="text"/>
E. INSPECTION	<input type="text"/>	<input type="text"/>	F. PACKING LIST	<input type="text"/>	<input type="text"/>

OTHER DOCUMENTS (PLEASE SPECIFY)

BENEFICIARY'S CERTIFICATES STATING THAT ONE OF EACH OF THE ABOVE STATED DOCUMENTS HAVE BEEN SENT DIRECT

BY COURIER TO: APPLICANT: OPENING BANK:

8. BILL OF LADING / AIRWAY BILL TO BE MARKED "FREIGHT PREPAID" AND ISSUED / CONSIGNED TO THE ORDER OF GUARANTY TRUST BANK (GHANA) LTD, SHIPPER SHOULD NOTIFY:

NOTIFY PARTY'S NAME AND ADDRESS
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9. LATEST SHIPMENT DATE:

10. PORT OF SHIPMENT:

11. PORT OF DISCHARGE:

12. PART SHIPMENT ALLOWED NOT ALLOWED

13. TRANSHIPMENT ALLOWED NOT ALLOWED

14. INSURANCE ARRANGED LOCALLY WITH:

15. POLICY/CERTIFICATE NUMBER:

16. SPECIAL INSTRUCTIONS:

A.

B.

C.

D.

E.

F.

17. In consideration of the opening by you of this credit on my/our behalf I/We hereby undertake and agree to the following terms and conditions.

I. That you and your agents are not to be held liable for the genuineness or correctness of the bills of lading or other documents or any endorsement thereon or for any mistake of misrepresentation as to the quality, weight, marks of value of any merchandise comprise therein or other charges on any such merchandise not as to the terms, conditions or sufficiency of the insurance policies, or credit.

II. It is understood and agreed that all risks, including exchange risks, arising out of, or consequent upon the issue of this credit are to be borne by me/us alone and that the Bank and/or its agents are not to be held responsible for any errors, delays on the part of post or telegraph or cable of FAX, companies or authorities in the transmission of any instructions or correspondence regarding credit.

III. I/We authorize you to hold the document called for by the terms of this credit and the merchandise to which the relate ad the relative insurance as security for all the liabilities incurred by you or your correspondences or agents in connection with this credit including expenses and charges of whatever nature in relation to the said merchandise or the obtaining of possession or the disposal thereof may sell the said merchandise either before of after the arrival at your discretion without notice to me/us. I/We further agree to give you any other additional security that you may from time to time require to cover my/our liabilities to you hereunder and in the event of our selling the merchandise to pay on demand the amount of any deficiency.

IV. Should you elect before provision by me/us as aforesaid for drafts accepted under this credit to hand to me/us the relative shipping documents for the purpose, I/We engage in the meantime to hold such documents or relative merchandise of the proceeds thereof on your behalf.

V. I/We hereby authorize you to debit my/our account with all sums which may become due to you in respect of this credit including your commission interest where applicable and all charges and expenses incurred by you, your officers and/or your correspondents.

VI. My/Our liability to you are to continue in force and to be applicable to all transactions into hereunder, notwithstanding any change in the composition of the firm or firms, parties hereto, or in the beneficiaries hereunder.

VII. I/We undertake that you will be furnished with the certified exchange control copy of the Customs Entry form, and other customs related documents as soon as the merchandise are cleared.

To this end, I/we authorize you or your agents to enter the goods to customs on my/our behalf and at my/our expenses.

VIII. Furthermore this application is made subject to the Uniform Customs and Practice for Documentary Credits, International Chamber of Commerce Brochure No. 600 (2007 Revision) or such other review and/or revision as well as other laws regulations affecting this applications as may come into operation from time to time. When this document is signed, we hereby declared that our liability is joint and several.

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TRANSFERABLE CREDIT <input type="checkbox"/> YES <input type="checkbox"/> NO	CONFIRMATION OF THE CREDIT <input type="checkbox"/> NOT REQUESTED <input type="checkbox"/> REQUESTED
DATE OF APPLICATION: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SHIPMENT TERMS: CRF CIF FOB FAS DEQ EXW FCA CPT DAF DES DDU DDP OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MARK ON TRANSPORT DOCUMENT <input type="checkbox"/> FREIGHT PREPAID <input type="checkbox"/> FREIGHT PAYABLE AT DESTINATION	
'ADVISE THROUGH' BANK SWIFT CODE <input type="text"/> BANK NAME <input type="text"/> <input type="text"/> BANK ADDRESS <input type="text"/> <input type="text"/> <input type="text"/>	CORRESPONDENT BANK AND RELATED CHARGES TO BE BORNE BY: <input type="checkbox"/> APPLICANT <input type="checkbox"/> BENEFICIARY
FOR BANK USE ONLY CORRESPONDENT BANK: <input type="text"/> S.W.I.F.T. / BIC <input type="text"/>	

AUTHORIZED SIGNATORY

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