



For bank use

Ref No.

*\*Attach additional sheets if there is insufficient space, to be signed by applicant's authorized signatories*

|  |                                |   |  |
|--|--------------------------------|---|--|
| SWIFT  | Advise by<br>Mail      Courier | To be advised through any affiliate or<br>correspondent of Rochester Bank                   |  |
| For Back-to-Back LC only<br>Export Master LC Ref<br>Issuing Bank<br>Currency & Amount  |                                | Expiry date (dd/mm/yyyy)<br><br>In country of      Beneficiary<br>Applicant                 |  |
| Applicant (Company Name & Address)<br><br>Tel      Ref<br>Contact person   |                                | Beneficiary (Company Name & Address)<br><br>Tel      Ref<br>Contact person                  |  |
| Currency<br>Amount<br>Written in words   |                                | Partial shipment<br>Permitted      Prohibited<br>Transshipment<br>Permitted      Prohibited |  |
| Amount tolerance      +      /      -  |                                |   |  |
| Subject to the following terms and conditions, please issue the Credit available by:<br>Negotiation      Payment      Acceptance      of the beneficiary draft<br>Deferred Payment <sup>1</sup><br><sup>1</sup> If available by Deferred payment, draft is not required. |                                |   |  |



|                    |          |              |               |
|--------------------|----------|--------------|---------------|
| Available with     | Any Bank | Issuing Bank | Advising Bank |
| The following Bank |          |              |               |
| Payment tenor      | Sight    | days after   |               |

Shipment terms

Place of Receipt:\*

Port of Loading/Airport of Departure:\*

Place of Delivery:\*

Port of Discharge/Airport of Destination:\*

Latest Shipment Date:\*

Incoterms: As per Incoterm 2010 unless otherwise stated

FOB

CFR

CIF

Other

Partial Shipment:

Allowed

Prohibited

Transshipment:

Allowed

Prohibited

Insurance Will be Covered by:

Applicant

Policy #

Beneficiary

Company

Other

Covering Merchandise described in the invoice(s) as



Accompanied by the following Documents:

Multimodal Bills of Lading

Charter Party Bills of Lading

Marine Bills of Lading

Cargo Receipts (CR)

Air Waybills (AWB)

Number of documents:                      originals                      copies

If not stated default to BLs (3/3 original & 1 NN copy), AWB & CR (1 original, 1 copy)

Consignee

Freight

Issuing Bank

Collect

Prepaid

To Order, Blank Endorsed

Others (please specify)

Applicant

Notify

Applicant

Others (please specify)

Others (please specify)

Delivery Order / Delivery Note

No. of Documents:                      originals

copies (if not stated, default to 1 original, 1 copy)

Content (e.g. Names of signatories, Passport number, etc.)

Insurance Certificate / Policy

No. of Documents:                      originals

copies (if not stated, default to 2 originals, 1 copy)

Insured percentage                      % invoice value (if not stated, default to 110% invoice value)

Covering

ICC Marine Risks

ICC "A"

ICC "B"

ICC "C"

ICC Air Risks

(if not ticked, default to ICC "C")



Insurance open cover lodged with Rochester Bank

Insurance to be obtained at a later date

Details of Open Cover (e.g. Insurance Company Name, Reference No, Contact details)

|                         |                  |           |        |
|-------------------------|------------------|-----------|--------|
| Signed Invoices         | No. of Documents | originals | copies |
| Packing List            | No. of Documents | originals | copies |
| Certificate of Origin   | No. of Documents | originals | copies |
| Others (please specify) |                  |           |        |
| No. of Documents        | originals        | copies    |        |
| Others (please specify) |                  |           |        |
| No. of Documents        | originals        | copies    |        |

|   |                                       |   |                             |
|---|---------------------------------------|---|-----------------------------|
| Additional conditions                                   |                                       |   |                             |
| Confirmation (if not ticked, default to 'Not Required') |                                       | Transferable (if not ticked, default to 'No') |                             |
| <input type="checkbox"/> Required                       | <input type="checkbox"/> Not required | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No |

Advise through bank (in addition to first advising bank - optional)



|  |             |           |  |
|--|-------------|-----------|--|
| <p><b>Charges</b></p> <p>All charges outside issuing bank's country including but not limited to advising , reimbursement and telecommunications fees are for beneficiary's account</p> <p>All charges are for applicant's account, except for the following</p> <p>Confirmation charges for account of</p> <table><tr><td>Beneficiary</td><td>Applicant</td></tr></table> <p>Present documents within _____ days after shipment date.</p> | Beneficiary | Applicant | <p><b>Reimbursement</b></p> <p>The nominated bank may claim SWIFT reimbursement (if not ticked, default will be for issuing bank to honour upon receipt of clean documents)</p> <p>Others (please specify)</p> |
| Beneficiary  | Applicant   |           |  |
| <p><b>Instructions to issuing bank</b></p> <p>Utilize FX forward contract reference no.:</p> <p>Debit all charges from our account no.:</p> <p>In settlement, debit principal drawings from our account:</p> <p>Use export master LC proceeds to settle this back to back LC</p> <p>Others (please specify):</p>   |             |           |  |

Please debit our account no.

maintained with you for the amount of

The sum debited is to be treated as a cash collateral in relation to any or all Reimbursable Payment Obligation (being an obligation you have entered into on our instruction or otherwise on our behalf, to make a payment to any person in connection with this Credit). We agree that an additional margin may be factored into the amount to be debited as cash collateral if the Reimbursable Payment Obligation is denominated in a different currency. You can hold such sum in an account in your name, under your sole dominion and control and may use such sum to satisfy our reimbursement obligation to you. You are not obliged to refund any cash collateral unless your contingent or unmatured liability(ies) cease to exist before they mature or do not mature in full. We understand that no credit interest will accrue on any such sum.



For the above debit authorization in respect of cash collateral, we irrevocably agree and authorize you to make currency conversions (at the rate as determined by you at your sole discretion) in respect of any amount due to you from us or arising from our instructions to you, and we agree to indemnify you for any shortfall resulting from such conversion.

We further agree and authorize you to make currency conversions (at the rate as determined by you at your sole discretion) in respect of any amount due from you to us at the time of refund of the cash collateral, and we acknowledge that you will not be liable in any way whatsoever for any shortfall resulting from such conversion.

We agree to be bound by the terms and conditions in the Standard Terms, General Trade Terms, Trade Service Supplement - Issuance of LC / Back to Back LC, and any other terms or agreements as the Bank may provide to us (or as agreed between us) from time to time.

APPLICANT'S SIGNATURE AND STAMP

Date

S.V.

