IRREVOCABLE DOCUMENTARY CREDITS APPLICATION FORM



To: RMB Botswana	Branch:	Date:	
We request you ("the Bank") to issue for my/our account an Irrevocable Documentary Credit in the form used by yourselves as below in terms of and subject to my/our General Application For Documentary Credits (CRE82a)			
dated:	which conditions are binding upon me/us		

PART 1: TYPE OF IRREVOCAL	BLE DOCUME	NTARY CREDIT					
Confirmed	Revolving	g Transferable			S	tandby	
PART 2: IRREVOCABLE DOCU	JMENTARY CI	REDIT DETAILS					
Expiration details:	Valid until:	Valid until:		expiry:			
Applicant: (The person whose name will appear on the documentary credit as 'applicant')		Name:					
		Address:					
		Customs Client	Customs Client no.:				
		Contact details:					
Beneficiary:		Name:					
		Address:					
		Contact name:					
		Mobile number	r:				
Currency and amount:		Currency code:					
		Amount:					
		Amount in words:					
		% amount tolerance:		Plus %		Less %	
Payment terms:		Sight payment		Negot	iation	Deferred payment	
		Acceptance		Mixed payment (see additional conditions)			
Deferred payment:		At: days after:					
Drafts:		Drawn at:					
		Days after:					
		Drawn on:					
Partial shipment:		Allowed		Not all	owed		
Transshipment		Allowed		Not all	owed		
Place of taking charge/dispa	atch from:						
Place of receipt:							
Port of loading/airport of de	eparture:						
Port of discharge/airport of	destination:						
Place of final destination/for transportation to/place of d							
Latest shipment date:							
Description of merchandise	/services:						
Shipment terms: (Refer to e	nd of	Incoterms® 2010			Incoterms® 2020		
application for list of Incoterms)		Code:			Location:		

SIGNATORY INITIAL	SIG	NAT	ORY	INIT	TAL
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Commercial invoice:	Commercial invoice in:	Duplicate	Triplicate		
		Other (Specify):			
	Confirming goods in accordance with:	Proforma invoice	Contract		
		Order	Indent		
		Sales contract	Other (Specify):		
	Number:		Dated:		
	Stating additional info:				
Transport document:	Full set: (State number of documents) of clean				
	Less:	"On board' Marine Bills of	Lading		
		Multimodal Transport Doc	cument to order		
		Blank endorsed			
		Other (Specify):			
	Marked:	Freight packed	Freight collect		
	Notify:				
	Stating additional info:				
	Or Air Waybill consigned to:	Marked			
		Freight paid			
		Freight collect			
	Or other transport document:				
Insurance	Applicant responsible for insurance				
	all risks has been	able transport risks, war, strik will be effected by us and the Il be held at your disposal	es, riots and civil commotions, Policy will be held at your		
	Beneficiary responsible for insurance				
	Original insurance policy or certificate plus (number of copies) copies, blank endorsed for the invoice value plus % (percentage) covering institute cargo clause A, including ware risks, strikes, riots and civil commotion. Claims payable in Botswana				
	Additional info:				
Certificate of origin	From EUR 1				
-	Other (Specify)				
	In one original and one	Chamber of Commerce			
	copy issued by:	Beneficiary			
		Other (Specify)			

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PART 3: IRREVOCABLE DOCU	MENTARY CREDIT DETAILS	- DOCUMENTS F	REQUIRED (C	ONT.)	
Packing list:	Showing origin of the goods as:				
	Packing list in:	Duplicate		Triplicate	
		Other (Specif	y)		
	Issued by:				
	Stating additional info:				
Weight certificate:	Weight certificate in:				
	Issued by:				
	Stating additional info:				
Beneficiary certificate:	Beneficiary's certificate stating:				
	Issued by:				
Other documents:	Туре:				
	Issued by:				
	Stating additional info:				
Additional conditions/ information:					
Special instructions:					
Bank charges:	Bank charges outside Botswana are for account of:				
	Applicant		Beneficia	ary	
Presentation period:	Documents to be presented not later than (state no of days) after date of shipment:				
Confirmation:	Required		Not requ	ired	
Advice of drawings:	SWIFT advice with docum	ents to follow by	courier		
Import permit:	Required		Not requ	ired	
PART 4: ADVISING BANK DET	AILS				
Advising bank name:					
Advising bank branch:					
SWIFT address:		_			
Additional information:					

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For and behalf of: (if en	tity) (must be ho	lder of facility)	:			
Account number to be u	used for charges:	:				
Account number to be used to settle LC transaction:						
Signed at:						
On this the:		20				
	-	-	-	who will be liable for paymer icant unless the applicant is		
Full name and surname	:					
Signature: (Who warrants that he/s	she is duly autho	prised)				
Full name and surname	:					
Signature: (Who warrants that he/s	she is duly autho	orised)				
PART 5: FOR OFFICE US						
Advance aspects appro	oved?	Yes		No		
Advising bank branch:		Yes		No		
SWIFT address:		Yes		No		
If 'Yes' - Amount?	-					
If "Yes" - Account numb						
If "Yes" - Account holding	ng branch?					
PART 6: INCOTERMS						
			de or modes of transpo			
EXW		Ex works		Incoterms 2010/2020		
FCA		ree carrier		Incoterms 2010/2020		
CPT		Carraige paid t		Incoterms 2010/20		
CIP			surance paid to	Incoterms 2010/20	20	
DAT		Delivered at terminal		Incoterms 2010		
DAP	Г	Delivered at pla	ace	Incoterms 2010/2020		
DPU	С	Delivered at pla	ace unloaded	Incoterms 2020		
DDP		Delivered duty		Incoterms 2010/20	20	
Rules for sea and inland waterway transport						
FAS Free alongsid		ree alongside			20	
FOB Free on board		ree on board		Incoterms 2010/2020		

Cost and freight

Cost insurance and freight

CFR

CIF

Incoterms 2010/2020

Incoterms 2010/2020