

輸入信用状開設依頼書 (Application For Irrevocable Documentary Credit)

外為店用

To: THE CHUGOKU BANK, LTD.

In Accordance With Agreement On Letter Of Credit Transactions Submitted To You, I/We Request You To Issue An Irrevocable Documentary Credit Under The Following Terms And Conditions.

太線の枠内は必ずご記入ください。太字の部分は不要箇所を抹消し、アンダーラインの部分は必要に応じて記入ください。

L/C No. 041-	-	Issuing Date	Date(お申込日)
信用状の通知方法 Full Cable			
Applicant		Beneficiary	
Advising Bank (特にご指定のある場合のみご記入ください)		Amount	
Expiry Date	Latest Date For Shipment	Confirmation Of Credit To The Beneficiary	
Expiry Place <input type="checkbox"/> At The Negotiating Bank <input type="checkbox"/>		<input type="checkbox"/> Not Required <input type="checkbox"/> Required	
Partial Shipments <input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited	Transhipments <input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited	Credit Available with <input type="checkbox"/> Any Bank <input type="checkbox"/> by <input type="checkbox"/> Negotiation <input type="checkbox"/>	
Shipment From: For Transportation To:		Beneficiary's Drafts <input type="checkbox"/> At sight <input type="checkbox"/> At For _____ % of The Invoice Value Drawn on You or Your Correspondents	
Required Documents As Follows:			
<input type="checkbox"/> Signed Commercial Invoice In _____ Copies			
<input type="checkbox"/> Full Set Of Clean On Board Ocean Bills Of Lading Made Out To Order Of SHIPPER / And Blank Endorsed, Marked Freight COLLECT/PREPAID , Notify The Applicant.			
<input type="checkbox"/> Clean Air Waybills Consigned To THE CHUGOKU BANK, LTD. / _____ Marked Freight COLLECT/PREPAID , Notify The Applicant.			
<input type="checkbox"/> Insurance Policy/Certificate In Duplicate Endorsed In Blank, For 110% Of The Invoice Value Covering Institute Cargo Clauses(All Risks), Institute War Clauses, Institute Strikes Riots And Civil Commotions Clauses Claims To Be Payable IN JAPAN / _____ In The Currency Of The Draft(s).			
<input type="checkbox"/> Packing List In _____ Copies		<input type="checkbox"/> Certificate Of Origin In _____ Copies	
<input type="checkbox"/> Beneficiary's Certificate Stating That _____		<input type="checkbox"/> G.S.P. Certificate Of Origin Form-A In _____ Photo Copies	
Other Documents <input type="checkbox"/>			
Covering			
Trade Terms <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> CPT _____ (Place) <input type="checkbox"/> Incoterms2010			
Additional Conditions			
<input checked="" type="checkbox"/> Documents To Be Presented Within _____ Days After The Date Of Shipment But Within The Validity Of The Credit			
<input type="checkbox"/> All Banking Charges Outside Japan Are For Account Of APPLICANT/BENEFICIARY			
<input type="checkbox"/> REMITTANCE CHARGES INSIDE JAPAN/REIMBURSING BANK'S CHARGES Are For Account Of APPLICANT/BENEFICIARY			
<input checked="" type="checkbox"/> TT. Reimbursement Is ACCEPTABLE/PROHIBITED			
<input type="checkbox"/> Discount And Acceptance Charges Are For Account Of APPLICANT/BENEFICIARY			
<small>(期限付手形の振出しを認めている場合(外銀ユーザンス)に、ユーザンス期間の引渡手数料と割引手数料をどちらが負担するかをご通知ください。)</small>			
SPECIAL INSTRUCTIONS. (If Any)			
開設希望日		商品名(和文)	
原産国		輸入担保荷物取扱保証等	<input type="checkbox"/> 要[<input type="checkbox"/> L/G, <input type="checkbox"/> AIR T/R] <input type="checkbox"/> 不要
船積地		ユーザンス	<input type="checkbox"/> 要[<input type="checkbox"/> 貨物, <input type="checkbox"/> 運賃] <input type="checkbox"/> 不要
販売先		為銀ユーザンス, <input type="checkbox"/> 外銀ユーザンス	
販売時期		期間	日
代金収納時期		保険	* 保険料負担 <input type="checkbox"/> 輸入者 <input type="checkbox"/> 輸出者
現金・手形の別		* 保険会社名 ()	
Authorized Signature (署名または記名捺印)			
<input type="checkbox"/> 北朝鮮の対応措置の確認 <input type="checkbox"/> 適法性の確認			
銀行使用欄	取次店 (店番)	検印	外為担当者印
		取扱印	外為店
		検印	外為担当者印
		印鑑照合	取扱印
		国際	検印
			取扱印

This Order Is Subject To Uniform Customs And Practice For Documentary Credits(2007/Revision), International Chamber Of Commerce, Publication No 600 Reimbursement Is Subject To ICC URR 725