

PLEASE FILL OUT ITEMS WITH ASTERISK (*) ONLY

Opened Thru: _____
 Date : _____, 20 _____

Gentlemen:

Please Issue a letter of credit as follows:

:27 : Sequence of Total: _____

:40A : * Irrevocable Transferable

:20 : Documentary Credit Number: _____ 23: Reference to Pre-Advice: _____

:31C : Date of Issue: _____

:31D : * Date of Expiry: _____ *Place of Expiry _____

:50 : * Applicant : _____
 * Address: _____

:59 : * Beneficiary: _____
 * Address: _____

:32B : * Currency Code, Amount: _____

:39A : * Percentage Credit Amount Tolerance: _____

:41a : * Available with: _____ by : Payment Acceptance Negotiation

:42C : * Drafts at : Sight Usance (specify) _____

:42a : * Drawn on : Issuing Bank Confirming Bank _____

:43P : * Partial Shipments : Allowed Not Allowed

:43T : * Transhipment : Allowed Not Allowed

:44A : * Shipment From: _____

:44B : * For Transportation to : _____

* Shipment Term: CFR CIF FOB Others(specify) _____

:44C : * Latest Date of Shipment: _____

:45A : * Shipment of (Goods): _____

* CB Commodity Code No(s): _____

:46A : * Documents Required: (Marked "X")

- One full set (at least three originals) clean "On Board" Ocean Bills of Lading in negotiable and transferable and non-negotiable copies issued to the order of BANCO DE ORO UNIBANK, INC. marked freight prepaid collect notify accountee _____
- Airway Bill of Lading issued out to the order of BANCO DE ORO UNIBANK, INC. marked freight prepaid collect notify accountee _____
- Original certificate of origin signed manually.
- Commercial Invoice in triplicate.
- Transferable marine insurance policy or certificate
- War risk insurance policy or certificate strikes, riots civil commotion, and marine extension clause

In duplicate _____ per cent of full invoice value from point of origin to warehouse at destination and to be effected by buyers/suppliers.

- Packing list in triplicate.
- Others : _____

:47A : * **Additional Conditions:** Ocean/Airway Bill of Lading must be dated within the validity/shipment period of this credit. All shipping documents must indicate L/C Number and Commodity Classification Code as indicated above.

:71B : * **Charges:** All correspondent bank charges are for the account of :
 Applicant
 beneficiary, however should the beneficiary fail to pay the charges, Applicant shall remain ultimately liable for the full payment thereof.

:48 : * Period of Presentation: _____

:49 : * Confirmation Instructions: Confirmed Unconfirmed
 * Advise by: Cable Full Text Mail Brief Cable Advise

BANK TO BANK INFORMATION : TO BE ACCOMPLISHED BY BDO ONLY

:53A : Negotiating Bank may obtain reimbursement from _____
 charge to our Account No. _____

:78 : Confirming Bank must advise us of their confirmation and Reference No. Please cable advise us 2 banking days prior to negotiation.

:72 : Any additional transit interest that may arise from non-compliance shall be for the account of negotiating bank. Negotiating bank must present all documents and reimbursement claims under this credit to the confirming bank _____ which holds special payment and reimbursement instructions. Drafts drawn under this credit must be marked "**DRAWN UNDER**"
 L/C No. _____".

THIS IS THE OPERATIVE INSTRUMENT SUBJECT TO THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS, 2007 REVISION, ICC PUBLICATION NO. 600.

In consideration of your arranging at my/our request for the establishment of this commercial letter of credit, hereinafter referred to as the "CREDIT" substantially in accordance with the foregoing. I/We hereby covenant and agree to each and all of the provisions and conditions stipulated on the reverse side hereof.

In settlement of customs duties, marginal deposit and any and all other charges relative to the opening and drawing under this credit, please.

- Debit our SA/CA no. _____ with _____
- Check is enclosed
- Charges shall be paid by way of line availment with BDO

In case of need, please call Mr./Ms. _____
 Telephone Number _____

IMPORTANT: PLEASE READ TERMS AND CONDITIONS ON THE REVERSE SIDE BEFORE SIGNING THIS DOCUMENT.

 (Name of Company/Partnership/Individual)

 Authorized Signature (Over Printed Name)

 Authorized Signature (Over Printed Name)

Received by: _____	Date Received: _____
Signature Verified by: _____	Processed by: _____
Reviewed by: _____	Approved by: _____
Tested by: _____	Transmitted by: _____
Date Transmitted: _____	Time Transmitted: _____