

APPLICATION FOR SHIPPING GUARANTEE

This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick (>) where appropriate. 1. Customer Details Legal Entity Name: **Contact Person** Name: Phone Number: Email: Maximum 40 characters Letter of credit reference: Not applicable to Documentary collection 2. Invoice Details/Transport Document Details Invoice Number: Quantity: Amount: Currency: e.g. MUR, EUR, USD In figures Amount: In words Bill of Lading/Airway bill/ Date of Post Parcel Reference Number: (dd/mmm/yyyy) Shipment: e.g. 01/JAN/2010 Name of Vessel: Name of Shipping Company/Airline: Name of Agent: Marks and numbers: 3. Payment Details I/We* request you to debit our account 0 0 0 for your commission and earmark the exposure (if applicable). I/We* authorise you to effect payment of the relative bill on presentation even when documents contain discrepancies. On receipt of documents: I/We* authorise you to debit our account 0 0 0 with the bill amount. I/We* hereby apply for import loan to settle bill. Loan amount: Tenor: Account 0 0 0 to be debited at maturity date (dd/mmm/yyyy)-The following documents must be provided: Copy of invoice 2. Copy of transport document (Application form will not be accepted if documents are not provided) * Strike out as appropriate Please sign below: Signature: Signature: If more than one signature needed Name: Name: Date: (dd/mmm/yyyy)

e.g. 01/JAN/2010