

## APPLICATION FOR DOCUMENTARY CREDIT

| This form can be filled in on a computer; alternatively please print and complete fig |               | ig black ink and tick ( > ) where appropriate. |  |  |
|---|---------------|--|--|--|
| FOR BANK US   |               |  |  |  |
| Customer Number:  | TF Reference: |  |  |  |
| Within limits:  | Approved By:  |  |  |  |
| Input By  | Date:         | / (dd/mm/yyyy)                                 |  |  |
| Issued By   | Date:         | / (dd/mm/yyyy)                                 |  |  |
| 1. F50 Applicant's Details  |               |  |  |  |
| Name:   |               |  |  |  |
| Address: Street & city  |               |  |  |  |
| Email: Maximum 40 characters  |               |  |  |  |
| In case of queries, please specify:   |               |  |  |  |
| Contact Person:   |               |  |  |  |
| Phone Mobile Number: Number:  |               | Fax<br>Number:                                 |  |  |
| Bank Details Account to debit for charges: 0 0 0                                      |               |  |  |  |
| 2. F59 Beneficiary's Details  |               |  |  |  |
| Name:   |               |  |  |  |
| Address: Street & city  |               |  |  |  |
| Postal Code:  | Country:      |  |  |  |
| FETA (FETA Description de Description   |               |  |  |  |
| F57A/F57D Beneficiary's Bank Details Bank Name:                                       |               |  |  |  |
|   |               |  |  |  |
| Address: Street & city  |               |  |  |  |
| Postal Code:  | Country:      |  |  |  |
| Bank SWIFT Code:  |               |  |  |  |

Initials:

FEB 2022\_V5

| 3. Expiry, Amount and Availability  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| F40A Form of documentary credit: Do you want the letter of credit to be transferable?  If you make no selection, we will assume that it is not transferable.  Yes  No |  |  |  |  |  |  |
| F31D Expiry Date: / / / Place of Expiry:  |  |  |  |  |  |  |
| F32B Currency: Amount: , , , ,  |  |  |  |  |  |  |
| e.g. MUR, EUR, USD In figures   |  |  |  |  |  |  |
| Amount: In words  |  |  |  |  |  |  |
| F39A Percentage Amount Tolerance: (+/-) / %   |  |  |  |  |  |  |
| F39C Additional Amounts Covered:  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| F41A Availability:  |  |  |  |  |  |  |
| Sight   |  |  |  |  |  |  |
| Usance  |  |  |  |  |  |  |
| For Usance, please specify details:   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Mixed payment   |  |  |  |  |  |  |
| For Mixed payment, please specify details:  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| F42C Is Bill of Exchange/Draft required? Yes No   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 4. Shipment Details   |  |  |  |  |  |  |
| F43P Partial Shipments: Allowed Not allowed Conditional   |  |  |  |  |  |  |
| If conditional, please specify conditions:  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| F43T Transhipment: Allowed Conditional  |  |  |  |  |  |  |
| If conditional, please specify conditions:  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| F44A Place of Taking in Charge/Dispatch from/Place of Receipt:  |  |  |  |  |  |  |
| F44E Port of Loading/Airport of Departure:  |  |  |  |  |  |  |
| F44F Port of Discharge/Airport of Destination:  |  |  |  |  |  |  |
| F44B Place of Final Destination/For Transportation to/Place of Delivery:  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| F44C Latest date for Shipment/Delivery: / / (dd/mm/yyyy)  |  |  |  |  |  |  |
| F44D Shipment Period:   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

| 5. | Goods and/or Service                                    | es Details                         |                     |                   |                              |            |  |
|----|---|------------------------------------|---------------------|-------------------|------------------------------|------------|--|
|    | F45A Brief description of Goods and/or Services:        |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    | Percentage of tolerance                                 | (+/-) if any: (+/-)                | /                   | % on              | total quantity <b>OR</b>     | per item.  |  |
|    | INCOTERMS (Internation                                  | nal Commercial Terms):             |                     | Place:            |                              |            |  |
|    |   | T, CIP, DPU, DAP, DDP, FAS, FOB, C | CFR, and CIF.       |                   |                              |            |  |
| •  | FACA Documents Box                                      | using discount of the second       |                     |                   |                              |            |  |
| 6. |   | uired (to be provided by the l     | beneficiary)        |                   |                              |            |  |
| ~  | <b>Invoices</b> Invoices in triplicate sho              | wing separately FOB/Frei           | ght/Insurance Valu  | es as well as Imp | port Permit references (if   | any*).     |  |
|    | *If any, please specify im                              | port permit reference:             |                     |                   |                              |            |  |
|    | Additional details, if app                              |                                    |                     |                   |                              |            |  |
|    | Additional details, if app                              | ilcable.                           |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    | Bill of Lading:   |                                    |                     |                   |                              |            |  |
|    |   | bill of lading made out to         | the order of The M  | auritius Comme    | ercial Bank Ltd, Port Louis, | Mauritius. |  |
|    | Marked Freight:   | Prepaid                            | To collect          |                   |                              |            |  |
|    | Details of party to be no                               | tified:                            |                     |                   |                              |            |  |
|    | ,   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    | Air Waybill:  |                                    |                     |                   |                              |            |  |
|    |   | ds consigned to The Mau            | ritius Commercial B | ank Ltd, Port Lo  | uis, Mauritius.              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    | Marked Freight:   | Prepaid                            | To collect          |                   |                              |            |  |
|    | Details of party to be notified:                        |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    | Road, rail or other transport document, please specify: |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |
|    |   |                                    |                     |                   |                              |            |  |

|     | Packing List:   |                         |                  |                               |   |  |
|-----|---|-------------------------|------------------|-------------------------------|---|--|
|     | Packing List in Triplicate.   |                         |                  |                               |   |  |
|     | Certificate of Origin:  |                         |                  |                               |   |  |
|     | Certificate of Origin issued by Chamber of Commerce/Trade Authority/Government body showing origin. |                         |                  |                               |   |  |
|     | EUR 1 Certificate:  |                         |                  |                               | (Country)   |  |
|     | Eur 1 Certificate to be visaed by custom authorities s  | showing origin          |                  | (Country)                     |   |  |
|     | Insurance Policy/Certificate:   |                         |                  | (coantry)                     |   |  |
|     | Insurance policy/certificate covering risks as per in clauses up to Mauritius for % (minimum 10)    |                         |                  | claims payable in Mauritius w | , war and strikes as per institute ith no excess. |  |
|     | Any other documents:  |                         |                  |                               |   |  |
|     |   |                         |                  |                               |   |  |
|     |   |                         |                  |                               |   |  |
| _   |   |                         |                  |                               |   |  |
| 7.  | F47A Additional Conditions  Agent's Commission Clause   |                         |                  |                               |   |  |
|     |   | F. etc.) value <b>O</b> | <b>)R</b> amount | expressed in LC currency      |   |  |
|     | payable to  | , ,                     |                  | will be deducted from p       | roceeds   |  |
|     | payable to  |                         |                  | wiii be deddeted iroin p      | Tocceus.  |  |
|     | Agent's Account with Bank:  |                         |                  |                               |   |  |
|     | Account Number of Agent:  |                         |                  |                               |   |  |
|     | Any other conditions:   |                         |                  |                               |   |  |
|     |   |                         |                  |                               |   |  |
|     |   |                         |                  |                               |   |  |
| 8.  | F71D Charges  |                         |                  |                               |   |  |
| Out | side Mauritius  |                         |                  |                               |   |  |
|     | Bank Charges Outside Mauritius account Applicant  |                         |                  |                               |   |  |
|     | Bank Charges Outside Mauritius including reimburs   | ement/remitta           | ance fees a      | ccount Beneficiary            |   |  |
| For | for Local LCs   |                         |                  |                               |   |  |
|     | In case beneficiary is MCB Client   |                         |                  |                               |   |  |
|     | Opening:  | Applicant               | OR               | Beneficiary                   |   |  |
|     | Import Negotiation:   | Applicant               | OR               | Beneficiary                   |   |  |
|     | LC Advising Commission:   | Applicant               | OR               | Beneficiary                   |   |  |
|     | Export Negotiation:   | Applicant               | OR               | Beneficiary                   |   |  |
|     | In case beneficiary is Non MCB Client   |                         |                  |                               |   |  |
|     | MCB Charges:  | Applicant               | OR               | Beneficiary                   |   |  |
|     | Other Bank Charges:   | Applicant               | OR               | Beneficiary                   |   |  |

| 9. F48 Period for Presentation   |   |                                   |                   |                                  |  |  |  |
|--|---|-----------------------------------|-------------------|----------------------------------|--|--|--|
| Num  | ber of Days:  |                                   |                   |                                  |  |  |  |
| 10.  | <b>Confirmation Details</b>                               |                                   |                   |                                  |  |  |  |
| F49  | Confirmation Instruction                                  | ns: With                          | Without           | May add                          |  |  |  |
| If co  | nfirmation instructions is                                | With or May add, please fill in b | pelow.            |                                  |  |  |  |
| F58  | 8 Requested confirmation party: confirming bank's details |                                   |                   |                                  |  |  |  |
|  | Name:   |                                   |                   |                                  |  |  |  |
|  | Address: street & city                                    |                                   |                   |                                  |  |  |  |
|  |   |                                   |                   |                                  |  |  |  |
|  |   |                                   |                   |                                  |  |  |  |
|  |   |                                   |                   |                                  |  |  |  |
|  | Postal Code:  |                                   |                   | Country:                         |  |  |  |
|  | Bank SWIFT Code:  |                                   |                   |                                  |  |  |  |
| 11.  | Additional Document                                       | s to be Submitted with the        | LC Application    |                                  |  |  |  |
|  | Proforma Invoice  |                                   |                   |                                  |  |  |  |
|  | Import Permit (if applicable                              |                                   |                   |                                  |  |  |  |
|  |   |                                   |                   |                                  |  |  |  |
|  | Insurance covered by Ap In case where insurance is not c  |                                   |                   |                                  |  |  |  |
|  | Open Cover  |                                   |                   |                                  |  |  |  |
|  | Specific Insurance C                                      | Certificate [to be provided prior | to opening of LC] |                                  |  |  |  |
|  |   |                                   |                   |                                  |  |  |  |
| I/We confirm that I/we have read and agree to be bound by the Terms & Conditions herewith. |   |                                   |                   |                                  |  |  |  |
|  | Signature:  |                                   |                   | gnature:<br>more than            |  |  |  |
|  | B   |                                   | one               | nore than<br>e signature<br>eded |  |  |  |
| 4  | Name:   |                                   | Na                | ame:                             |  |  |  |
|  | Date:   | / / /                             | (dd/mm/yyyy)      |                                  |  |  |  |

## **TERMS AND CONDITIONS**

- 1. It is agreed that The Mauritius Commercial Bank Limited and its agents are not held responsible for the genuineness or correctness of the Bills of Lading or other documents or any endorsement thereon or for any mistake or misrepresentation as to the quality, quantity, weight, marks, or value of any merchandise comprised therein, or for the shippers' or other charges on any such merchandise, nor as to the terms, conditions or sufficiency of the insurance policies or certificates.
- 2. I/We henceforth bind myself/ourselves to honour the amount drawn against this documentary credit, on demand or on due date. I/We also hereby authorize you to debit my/our account with the aforesaid amount together with all sums that may become due to you under this documentary credit including commission, charges and interest incurred by you, your office and/or your correspondents, even if, in the case of a disaster, the value of the goods were not fully or partially recoverable from the insurance company.
- 3. I/We hereby authorise you to hold the documents called for by the terms of this credit and the merchandise to which they relate and the relative insurances as security for all liabilities incurred by you or your correspondents or agents in connection with this credit including expenses and charges of whatever nature incurred in relation to the said merchandise or the obtaining of possession or the disposal thereof (which expenses and charges I/we hereby authorise you to incur and undertake to repay you) and you may sell the said merchandise either before or after the arrival at the discretion and without notice to me/us. I/We further agree to give you any additional security that you may from time to time require to cover my/our liabilities to you hereunder and in the event of your selling the merchandise to pay on demand the amount of any deficiency.

- 4. It is well understood that, should the bank accept to extend the validity of this credit on its expiry, new conditions as to the commission to be charged by the bank will have to be laid down beforehand.
- 5. In case there are any unrecovered Overseas Bank Charges, be it in the form of the commissions, fees and expenses, from the beneficiary or the documentary credit for any reason whatsoever, I/we agree to indemnify The Mauritius Commercial Bank Limited of all such costs pursuant to Article 37C of the Uniform Customs and Practice for Documentary Credits International Chamber of Commerce publication No. 600.
- 6. I/We formally acknowledge that the Bank shall have a right of set-off in virtue of Article 2150 of the Mauritian Civil Code, in respect of any money due by and demandable from me/us under these presents, against all or any part of all monies standing to the credit of my/our accounts.

(This Documentary Credit is subject to Uniform Customs & Practice for Documentary Credits (2007 Revision) International Chamber of Commerce Publication No. 600)