

LETTER OF GUARANTEE / INDEMNITY APPLICATION



ORIGINAL

To: DBS Bank Ltd., Australia Branch

Tel: (+61 2) 8823 9300

Date: _____

Dear Sirs

We hereby request you / your correspondent bank or Overseas Branch (hereinafter called the "Issuer") to issue / renew on our behalf a Letter of Guarantee / Indemnity (hereinafter called the "BG"), details of which are as follows:-

[Please check relevant box]

ISSUE as per **FORMAT ENCLOSED** initialled on each page by the authorised signatories of the Company **with such amendments satisfactory to you** (which is deemed to be our authorised format, hereinafter called the "Format")

Total no. of pages: _____ (including this page)

RENEW / instruct the Issuer to renew BG Ref. _____

^MFields below marked with a superscript M are mandatory fields

APPLICANT NAME AND ADDRESS^M Contact Person: Tel: _____ Fax: _____		BENEFICIARY NAME AND ADDRESS (include Registration No, if available)^M Contact Person: Tel: _____ Fax: _____	
FOR THE BENEFIT OF A 3RD PARTY (NAME AND ADDRESS)		CURRENCY AND AMOUNT^M	
EFFECTIVE DATE (check 1 of the 3 options)^M _____ [insert date] As per format attached [#] Date of Issue	EXPIRY DATE (check 1 of the 3 options)^M _____ [insert date] As per format attached [#]	CLAIM EXPIRY DATE (check 1 of the 2 options)^M _____ [insert date] As per format attached [#]	
[#] please ensure format is duly executed and that all details in the format provided are complete			
REQUIREMENTS OF ISSUING BANK (Bank which will be issuing the BG and be directly liable to beneficiary under the BG)^M Please choose one of the following options (If there is no indication, the Issuing Bank shall be DBS Bank Ltd., Australia Branch.)			
1 Issuing Bank shall be DBS Bank Ltd., Australia Branch * 2 Issuing Bank shall be branch or subsidiary of DBS Bank Ltd located in country of beneficiary ** 3 Issuing Bank shall be a Correspondent Agent Bank located in country of beneficiary ** Issuing Bank nominated by the Beneficiary (Name & SWIFT code) ** : 4 Issuing Bank Name: _____ Issuing Bank SWIFT address: _____			
<i>If you choose option (2),(3) or (4) above, you are requesting DBS to issue an Indirect BG; that is, the BG will be issued by our branch, subsidiary or agent bank. We agree that additional charges and commission will apply and DBS will require at least 5 banking days to issue such BG. If you choose option (4), you are requesting DBS to issue an indirect BG through a Bank that is not part of DBS branch network or not a Correspondent Agent Bank and may take a longer time to process the issuance. We agree that you may require us to procure the beneficiary's letter of discharge and/or return of the original BG before you release us from our obligations and your commission will accrue until discharge.</i>			
* please complete Delivery Instructions, Section A below		** please complete Delivery Instructions, Section B below	
DELIVERY INSTRUCTIONS (please complete where applicable)^M			
Section A: Where this BG is issued by DBS Bank Ltd., Australia Branch directly Please contact us for self collection Please courier directly to Beneficiary Address for attention of Contact Person as indicated above (courier charges apply) Please courier to us (courier charges apply) Please issue this BG and send it by authenticated SWIFT to Advising Bank for delivery to Beneficiary and furnish us with a copy Advising Bank Name: _____ Advising Bank SWIFT address: _____			
Section B: Where this BG is issued by DBS branch / subsidiary / correspondent agent bank outside of Singapore Please release original guarantee to or to order of our agent / beneficiary Mr / Mrs Passport No. _____ Mobile No. _____ at Place/City for collection _____ Please courier directly to Beneficiary Address for attention of Contact Person as indicated above in the section "BENEFICIARY NAME AND ADDRESS" Please courier back to Applicant at Address for attention of Contact Person as indicated above. We are aware of the additional transit time of 3-5 working days.			
Please provide any other details required in your format.e.g., Contract details, description etc			

All fees, commissions and charges are to be debited to our Account No. _____

Commission charges for the issuance of the Banker's Guarantee will start accruing from the effective date or date of issuance, whichever is earlier.

We authorise you at any time, if you think fit, without reference to us to debit our account (whether current or otherwise) / to make a deposit / to earmark our current account to the extent of all such sum or monies which you are or may be liable under the BG which you shall be issuing / renewing on our application whether before or after the beneficiary of the abovementioned BG has made a claim on you for payment.

We have read, understood and hereby agree to the Terms and Conditions for Letter of Guarantee / Indemnity Application (the "Application") (copies available at www.dbs.com/au) and fully authorize you to proceed with the provision of the service. We also understand and agree that you may, acting reasonably, modify the terms and conditions of the Application with reasonable notice.

This Application may be executed in counterparts, each of which will be an original and which together constitute the same document.

If we have accepted the terms of this Application, including the documents referenced in this Application (including the General Banking Terms and Conditions and the Australia Jurisdiction Schedule), through electronically signing this Application or other applicable document we shall immediately upon our request deliver to the Bank a confirmation of our acceptance of such terms. Such confirmation shall be in form and substance satisfactory to the Bank

the irrevocability of each applicable commitment, we shall immediately upon our request, deliver to the Bank a confirmation of our acceptance of each term, each commitment shall be in form and substance satisfactory to the Bank. We irrevocably authorise the Bank to carry out our obligations in this paragraph in our name and on our behalf.

Authorised Signature _____

Name of Authorised Signatory: _____

Date _____

Authorised Signature _____

Name of Authorised Signatory: _____

Date: _____

ABN 46 601 105 373
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