

APPLICATION FOR PROCESSING OF DOCUMENTS FOR OUTWARD BILL COLLECTION



To: DBS Bank Ltd., Australia Branch ("Bank" or "DBS")

ORIGINAL

Tel: (+61 2) 8823 9300

Date:

We enclose herewith the following bill and documents for collection / advance according to the instructions set out below. We have read, understood and hereby agree to the Terms and Conditions for the Application For Processing Of Documents For Outward Bill Collection ("**Form**") and fully authorise the Bank to proceed with the provision of the service. We also understand and agree that the Bank may modify this Form with reasonable notice.

We acknowledge and agree that this Form is subject to the terms under the General Banking Terms and Conditions, the Trade Services Schedule and the Australia Jurisdiction Schedule ("General Terms"), copies of which are available at www.dbs.com/au. Should there be any inconsistencies between the General Terms and this Form, this Form should prevail.

This Form 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 Form, including the documents referenced in this Application (including the General Banking Terms and Conditions and the Australia Jurisdiction Schedule), through electronically signing this Form 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. We irrevocably authorise the Bank to carry out our obligations in this paragraph in our name and on our behalf.

Drawer/Seller Name and Address : Contact person for this application & confirmation of FX rate : Name : _____ Tel No.: _____ Fax No.: _____	Drawee/Buyer: Drawee's Banker Name & Address Tenor: <input type="checkbox"/> Sight or <input type="checkbox"/> Term <input style="background-color: yellow;" type="text"/> (* Drafts is not applicable for Sight bills)
Deliver Documents Against: <input type="checkbox"/> Payment <input type="checkbox"/> Acceptance (If unchecked, it be deemed against payment if tenor is sight; and against acceptance if tenor is term.)	Invoice/ Reference No.: Description of Goods: Currency & Amount : In Figures <input style="background-color: yellow;" type="text"/> In Words <input style="background-color: yellow;" type="text"/>

Documents Attached	Drafts (*)	Invoice	Packing List	Cert of Origin	Insurance Policy	Bills of Lading						
No. of copies												

PROCESSING INSTRUCTIONS [Please tick the appropriate boxes below]	FINANCING INSTRUCTIONS [Please tick the appropriate boxes below]
<input type="checkbox"/> Collect your charges from Drawee.	<input type="checkbox"/> Please finance us for _____ % of the collection amount
<input type="checkbox"/> Collect interest from Drawee at _____ % P.A from _____ (interest start date) to _____ (if blank, then up to payment by drawee)	<input type="checkbox"/> Please forward documents to drawee's bank regardless of whether approval has been obtained for financing the collection.
<input type="checkbox"/> Do not waive interest and/or collection charges if refused	<input type="checkbox"/> Please hold documents until financing of the collection has been approved.
PAYMENT INSTRUCTIONS [Please tick the appropriate boxes below]	
<input type="checkbox"/> Advise non-acceptance/ non-payment by telex/SWIFT.	<input type="checkbox"/> Please credit financing/payment proceeds to our account No. _____ with you.
<input type="checkbox"/> Protest non-acceptance / non-payment.	<input type="checkbox"/> Please use FX Contract Ref.: _____
<input type="checkbox"/> Documents to be sent to drawee's banker by courier service in one (1) lot unless otherwise instructed.	
<input type="checkbox"/> Other Special Instructions:	

Authorised Signature: _____
 Name of Authorised Signatory: _____
 Date: _____

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