

# APPLICATION FOR TRUST RECEIPT / BILLS RECEIVABLE PURCHASED FINANCING



ORIGINAL

To: DBS BANK LTD., Australia Branch (ARBN 601 105 373)  
 Suite 1901, Level 19 Chifley Tower, 2 Chifley Square, Sydney NSW 2000  
 Tel: (+61 2) 8823 9300

Date:

Applicant (Name & Address) :   Contact Person: Tel: _____ Fax: _____	Related LC / IC *No. :  Bill Amount (currency & amount):  _____
For the benefit of a 3rd party (Name & Address):	Bill(s) of Lading / Airwaybill * No. :  _____
Vessel Name & Voyage No. / Flight No.* :	Financing Currency: _____  Financing Period (days): _____
Brief Description & Qty of Goods:	Forward Contract No. :  _____

We hereby confirm that in accordance with the terms and conditions appearing below, we have received from DBS Bank Ltd. the abovementioned goods and / or the documents (including transport documents) relating thereto.

SETTLEMENT INSTRUCTION :- <input type="checkbox"/> On maturity of the financing, you are authorised to debit our account no.: _____
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We have read, understood and acknowledged the Bank's prevailing General Banking Terms and Conditions, its related Service Schedules and the Australia Jurisdiction Schedule ("General Terms"), copies of which are available at [www.dbs.com/au](http://www.dbs.com/au). Should there be any inconsistencies between the General Terms and this form, this form shall 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 this form, including the documents referenced in this form (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 the Bank's 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 under this paragraph in our name and on our behalf.

Authorised Signature: \_\_\_\_\_  
 Name of Authorised Signatory: \_\_\_\_\_  
 Date: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_  
 Name of Authorised Signatory: \_\_\_\_\_  
 Date: \_\_\_\_\_

\*Delete whichever is not applicable