

UCO BANK

BHARAT BUILDING
3 RAFFLES PLACE SINGAPORE 048617.
TEL: 65325944 (10 LINES) FAX NO: 65322852

FROM

THE UNDERMENTIONED DRAFT, WITH DOCUMENTS, AS DESCRIBED HEREON

WE ENCLOSE FOR COLLECTION FOR NEGOTIATION UNDER L/C
 AS COLLATERAL FOR AN ADVANCE (DP/DA) AS COLLECTION (UNDER L/C)

DRAFT NUMBER	DATE OF DRAFT	TEMOR	AMOUNT	RESERVED FOR BANK
DRAWEE _____				

DRAFTS	INVOICE	B. L. H. C	B. L. H. H.C	A/WB	INS POL	PACKING LIST	CERT. OF ORIGIN	D.O.	CERT. OF ORIGIN	OTHERS

WE HAVE PLACED AN "X" IN THE SPACES OPPOSITE THE INSTRUCTIONS WHICH WE WISH YOU TO FOLLOW

MAIL DOCUMENTS BY COURIER COST FOR A/C DRAWER
 COST FOR A/C DRAWEE

DELIVER DOCUMENTS ON ACCEPTANCE PAYMENT
PLEASE WAIT FOR ARRIVAL OF VESSEL, BEFORE RETURNING DOCUMENTS

PROTEST FOR NON-ACCEPTANCE NON-PAYMENT
 DO NOT PROTEST NON-ACCEPTANCE NON-PAYMENT
 INCUR NO CABLE EXPENSE

ADVISE NON-PAYMENT NON-ACCEPTANCE
 PAYMENT ACCEPTANCE

INTEREST TO BE COLLECTED FROM DRAWEES AT FROM DATE OF DRAFT / BL TILL DATE OF PAYMENT. % p.a.

WAIVE INTEREST IF REFUSED BY DRAWEE
 DO NOT WAIVE INTEREST
 RECOVER OUR COMM. CHGS FROM THE DRAWEE
 RECOVER DRAWEE'S BANK CHGS FROM THE DRAWEE
 DO NOT WAIVE CHGS WAIVE CHGS IF REFUSED BY DRAWEE

DRAWEES BANK _____

ADDRESS _____

INSURANCE:

EVEN THOUGH WE HAVE NOT ATTACHED THE INSURANCE POLICY, WE DECLARE THAT GOODS HAVE BEEN ADEQUATELY INSURED AGAINST COMPREHENSIVE RISKS OPEN POLICY NO. _____

DT _____ OF _____ (NAME OF CO.)

PAYMENT OF BILLS:

WE ARE AWARE THAT ALL DP BILLS HAVE TO PAID WITHIN 30 DAYS FROM THE DATE OF PURCHASE AND ALL DA BILLS HAVE TO BE PAID ON THE DUE DATE AND WE SHALL ENSURE PAYMENT AS PER THE ABOVE. IN CASE BILLS ARE NOT PAID AS PER ABOVE, WE AUTHORISE YOU TO REIMBURSE YOURSELVES BY DEBITTING OUR A/C AFTER GIVING 7 DAYS NOTICE AND WE UNDERTAKE TO PROVIDE SUFFICIENT FUNDS.

WE ARE AWARE THAT IN CASE OF L/C BILLS THE DOCUMENTS NEGOTIATED BY YOU ARE UNDER YOUR USUAL RECOURSE UNLESS THE LETTER OF CREDIT IS CONFIRMED BY YOU.

SPECIAL INSTRUCTIONS _____

PAYMENT INSTRUCTIONS:

PLEASE CALL US FOR INSTRUCTIONS
 CR OUR A/C NO. _____ IN _____ CURRENCY

- IT IS AGREED THAT YOU SHALL NOT BE RESPONSIBLE FOR
- A) ANY ACT, OMISSION, DEFAULT OR BANKRUPTCY OF ANY CORRESPONDENT, OR SUB-AGENT, OR
 - B) FOR ANY DELAY IN REMITTANCE OR LOSS IN EXCHANGE DURING TRANSMISSION OR IN THE COURSE OF COLLECTION, OR
 - C) FOR LOSS OF ANY DOCUMENTS IN TRANSIT OR IN THE POSSESSION OF ANY CORRESPONDENT, OR SUB-AGENT.

(AUTHORISED SIGNATORY WITH COMPANY'S STAMP) (DATE)

NB PLEASE SUBMIT XEROX COPY OF BOTH SIDES OF THE ORIGINAL BILL OF LADING ALONG WITH INVOICE FOR OUR RECORDS AND COPY OF LETTER OF CREDIT FOR L/C BILL

PLACE

DATE

UCO BANK
SINGAPORE.

HEAD OFFICE
10 BTM SARANI
KOLKATA - INDIA

Dear Sirs,

In consideration of your having negotiate our Documentary Bill(s) of exchange for drawn on dated under the commercial letter of credit No. issued by for account of we hereby unconditionally agree to hold you harmless and indemnified for all consequences of non-acceptance and/or non-payment of this/these bill(s) of exchange by reason of the following discrepancies:-

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.....

We have made arrangements for due payment of this/these bill(s).

We further unconditionally agree that in the event of the bills being dishonoured on due presentation on account of the above discrepancies or of any other discrepancies which may become apparent upon presentation, to authorize you to debit our account and/or to reimburse you on demand the equivalent of the above mentioned bill at your prevailing rate of exchange, together with interest at such rate as you may determine from date of dishonour to date of reimbursement, together with all other expenses incurred by you in connection with the dishonoured bill.

Yours faithfully,

F. R. 16

NO.

At _____ sight of this FIRST of Exchange
(Second of the same tenor and date being unpaid) Pay to UCO BANK Singapore or order the sum of

For Value received and place the same to account of _____

To

F. R. 16

NO.

At _____ sight of this SECOND of Exchange
(FIRST of the same tenor and date being unpaid) Pay to UCO BANK Singapore or order the sum of

For Value received and place the same to account of _____

To