

Application for Issuance of Stand by Letter of Credit (SBLC)

Branch Name			
Applicant Name			
Account Number			
Contract No		Date	
Purpose			
SBLC Amount			
Name of Beneficiary			
Beneficiary's Address			
Beneficiary's Country name			
Beneficiary's Account No			
Name of Beneficiary's Bank			
Address			
BIC code / IFSC Code			
Expiry Date / Review date			
Place of Expiry			
Claim Date			
Margin held			
Cash Cover Type			
Margin/ Deposit account no			
Margin Percentage		%	
Margin Amount	INR		
Details of SBLC 1			

Details of SBLC 2	

Details of SBLC 3	

Additional Information	

The necessary Charges may be debited to our CA/OD/OCC a/c No _____.

For _____

Authorized Signatory

Name	
Date	
Place	
Contact No	
Email ID	