



IRREVOCABLE LETTER OF CREDIT APPLICATION FORM

To: Oman Investment Bank SAOC (OIB) ("We"), a closed joint stock company duly organised and registered under the laws of the Sultanate of Oman under commercial registration number 1482570 and tax number 1898575, being a financial institution licensed and regulated by the Central Bank of Oman and the Financial Services Authority, having its principal offices in Dana House, Al Khuwair, Muscat, Sultanate of Oman with PO Box number 10 and Postal Code 133.

Please complete all sections.

This Irrevocable Letter of Credit Application Form (the **Application**) and the letter of credit (the **Documentary Credit**) issued under this Application incorporate and are subject to and governed by (i) the general terms and conditions for trade finance services effective from (the **Trade Terms**); and (ii) the facility agreement dated (the **Facility Agreement**), save for where any of the terms of the Trade Terms and the Facility Agreement may be inconsistent with or conflict with the terms of this Application. In such case, the terms will apply in the following order of priority:

- the Facility Agreement;
- the Application; and
- the Trade Terms.

We request you to issue an irrevocable Documentary Credit on the following terms:

General

1 Date and Place of Expiry of the Documentary Credit

Expiry Date (latest date for presentation of Documents)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Place (Country of Beneficiary unless otherwise stated)

2 Currency and Value

Type of Currency

Figures

Figures in Word Form

Tolerance (If Any)

3 Payment Terms

(Specify sight/30 days sight/60 days from shipment date etc.)

By Payment/Acceptance/Negotiation/Other at

4 Transferable Documentary Credit

Tick box if Documentary Credit is to be transferable

Transferable

Non-Transferable

5 Confirmation of Documentary Credit

Tick box

Requested

Not Requested

May add



Parties	
6 Applicant/Importer	
Full Name	
Applicant Account Number	
Commercial Registration Number	
Address	
Contact Number	
Email Address	
7 Beneficiary/Exporter	
Full Name	
Beneficiary Account Number	
Commercial Registration Number	
Address	
Contact Person	
Contact Number	
Email Address	
8 Beneficiary's Bank (If known)	
Advising Through Bank	
Name	
Address	
Swift Code	
Shipping	
9 Partial Shipments	
Tick box	<input type="checkbox"/> Allowed <input type="checkbox"/> Not allowed
10 Transshipment	
Tick box	<input type="checkbox"/> Allowed <input type="checkbox"/> Not allowed
11 Shipment Details	
Port of Loading/Airport	
Port of Discharge	
Place of Delivery	
12 Latest Date of Shipment	
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
13 Period for Presentation of Documents to Oman Investment Bank	
Period for Presentation	_____ days from date of issuance of transport document (21 days unless otherwise stated)



Parties

14 Shipment terms

Terms

- Ex works
 F.O.B.
 CFR
 C&I
 C.I.F.
 C.I.P.
 Others (Please describe):

Goods/Services

15 Description of Goods

Description

HS Code

Documents

16 General Documents Required

Tick box and insert details as appropriate

- Signed invoices in (triplicate unless otherwise stated)
 Insurance policy/certificate covering all risks for 110% of invoice value
 Certificate of original issued by the Chamber of Commerce
 GSP Certificate of original format to be marked "issued retrospectively" if dated after date of shipment
 Packing list
 Others (Please specify):

Transport Document

- Insurance on Applicant
 Insurance on Beneficiary
 Full set of clean on board marine bills of lading (Sea transport only)
 Full set of combined transport bills of lading (Sea and land transport)
 Air way bill (original No. 3) (Air transport)
 CMR (international consignment note) (Road transport)
 Other transport document, please specify (e.g. Certificate of Shipment):



Fees and Charges	
17	Bank Charges
Charges	Oman Investment Bank Charges: (OIB charges for the Applicant and Beneficiary Bank charges for the Beneficiary unless otherwise stated)
	<input type="checkbox"/> Applicant Beneficiary Bank Charges: <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary
18	Authorisation
	We hereby authorise you to debit our account in respect of charges, and also at payments date(s) with the amount of each drawing as follows:
19	Additional Conditions
If any	
20	Does this Transaction Require a Trade Licence?
Tick box	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please attach a copy)

Insurance Declaration

We declare that:

- we have arranged for all risks insurance on this transaction as required under Clause 22.2 (Trade Service Undertakings) of the Trade Terms; or
- the Exporter has arranged to effect insurance and a policy/certificate has been requested in 16 above.

Client Indemnities to Oman Investment Bank

The indemnities set out in Clause 14 (Reimbursement and indemnity) of the Trade Terms and Clauses 12 (Tax Gross-Up and Indemnities) and 14 (Other Indemnities) of the Facility Agreement (collectively, the **Client Indemnities**) applies to this Application and the Instrument mutatis mutandis, and the applicant named in this Application Form agrees and undertakes to comply with the provisions of such clauses as if they were set out in this Application and the Documentary Credit.

Agreement and Acknowledgement

In consideration of your issuing at our request the Documentary Credit on the terms set out above, we acknowledge and agree that the Documentary Credit shall be governed by and subject to the Trade Terms and the Facility Agreement in addition to the terms set out on this Application. The Authorised Signatories confirm that they are duly authorised on behalf of the Applicant to complete this Application and the Client Indemnities to Oman Investment Bank.

Signed and stamped for and on behalf of the Applicant:

Name:

Authorized Signatory:

Date:

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Name:

Authorized Signatory: