

APPLICATION FOR IMPORT LETTER OF CREDIT ISSUANCE
MT700

| | |
|--|--|
| 1./50 Applicant Name Address Phone Fax Contact person Registration Number | |
| 2./52 Issuing Bank | Raiffeisen banka a.d. Beograd |
| 3./31D Date and place of expiry | Date Place |
| 4./40A Documentary Credit - type | Irrevocable <input type="checkbox"/> Without conf. <input type="checkbox"/> Non-transfer. <input type="checkbox"/> Standby <input type="checkbox"/> |
| | Confirm <input type="checkbox"/> Transferable <input type="checkbox"/> |
| 5./59 Name and address of Beneficiary | |
| 6./32B Currency Code, Amount | |
| 7. Advising Bank | |
| SWIFT code | |
| 8./43P Partial Shipments | allowed <input type="checkbox"/> not allowed <input type="checkbox"/> |
| 9./43T Transshipment | allowed <input type="checkbox"/> not allowed <input type="checkbox"/> |
| 9. Delivery terms | |
| 44C Latest date of Shipment: 44A Place of Taking in Charge/Dispatch: 44E Port of Loading/Airport of Departure: 44F Port of Discharge/Airport of Destination: 44B Place of final destination: | |
| 10./41A Available With...By (Name of Bank) | |
| SWIFT code | |
| 11./41A Payment terms | At sight <input type="checkbox"/> Deferred payment <input type="checkbox"/> date Other |
| 12./45A Description of Goods/or Services | |
| 13./45A Delivery terms (INCOTERMS 2000) | INCOTERMS 2000 |
| 14./48 Period for presentation | |
| 15./71B Charges outside Serbia | Beneficiary <input type="checkbox"/> Applicant <input type="checkbox"/> |
| 16./71B Charges of Confirming Bank | Beneficiary <input type="checkbox"/> Applicant <input type="checkbox"/> |
| 17./71B Charges of Reimbursing bank | Beneficiary <input type="checkbox"/> Applicant <input type="checkbox"/> |
| 18. Code & Purpose of Payment | |
| 19. Number & Year of Control Registry | |

20./46A * Documents required

(specify required documents, insert number of required originals and additional details on documents is needed in English language)

| | Document Name | Original | Copy | Description of documents |
|--|--|----------|------|---------------------------------------|
| 1. | <input type="checkbox"/> Commercial Invoice | | | |
| 2. | <input type="checkbox"/> Rail Transport Documentt (CIM) | | | |
| 3. | <input type="checkbox"/> Road Transport Document (CMR) | | | |
| 4. | <input type="checkbox"/> Air Transport Document (AWB) | | | |
| 5. | <input type="checkbox"/> Forwarder's Cargo Receipt (FCR) | | | |
| 6. | <input type="checkbox"/> Bill of Lading (Ocean/Marine B/L) | | | to the order of _____ notify _____ |
| 7. | <input type="checkbox"/> Multi-modal Transport Document (Multi-modal B/L) | | | |
| 8. | <input type="checkbox"/> Insurance Policy | | | |
| | <input type="checkbox"/> Certificate of Insurance | | | |
| 9. | <input type="checkbox"/> Certificate of Origin | | | |
| | <input type="checkbox"/> EUR - 1 | | | |
| 10. | <input type="checkbox"/> Weight list | | | |
| | <input type="checkbox"/> Packing list | | | |
| 11. | <input type="checkbox"/> Phyto-Sanitary Certificate | | | |
| | <input type="checkbox"/> Veterinary Certificate | | | |
| 12. | <input type="checkbox"/> Certificate of Quality | | | |
| 13. | <input type="checkbox"/> Other Documents | | | |
| (specify the document name in English) | | | | |

21 Additional Conditions
22 End-user of import/Payee
 (name and address)

Registration number

23 Collateral

- 100 % cash covered** Account No. _____
 Frame Agreement Frame Agreement No. _____
 Other

THIS L/C IS SUBJECT TO ICC UCP LATEST VERSION (UCP 600)

Place and date

Stamp and signature