



Documentary Collections

To:

Date: / /

Tel: (65) 6878 0707

We enclose drafts and documents as described below for: <input type="checkbox"/> Collection <input type="checkbox"/> Immediate Credit	BANK USE ONLY BILL REF
Drawer's Name & Address: Contact Person & Tel No.: Ref No.: Bill Amount: Tenor: Days <input type="text"/>	Drawee's Name & Address: Send Docs to (Bank Name & Address): <i>(If not indicated, kindly nominate Bank at your discretion)</i> SWIFT Code of Collecting Bank:
Description of Goods:	Despatch Documents By: <input type="checkbox"/> Courier <input type="checkbox"/> Airmail <input type="checkbox"/> Requesting for Courier Ref No.to be sent to this Email id:

Collection Instructions

Deliver Documents Against: ☐ Payment ☐ Acceptance ☐ Free of payment
☐ Partial Payment Acceptable
☐ Protest for non-acceptance and /or non payment (We hereby authorize UOB to debit our account for Protest Fee / Charges).

Advice Non-Acceptance And / Or Non-Payment by: ☐ SWIFT ☐ Mail
☐ Collect Interest from Drawee at % p.a from to Date of Payment.

Your Charges Are to be Paid by: ☐ Us ☐ Drawee
☐ Do not Waive Charges *(Including Correspondent's Charges)*
☐ Acceptance / Payment May Await Arrival of Goods *(Including Correspondent's Charges)* ☐ Others *(Please specify):*

Your Correspondent Bank's Charges Are to be Paid by: ☐ Us ☐ Drawee
☐ In Case of Need, Drawee Can Contact ☐ Others *(Please specify):*

Payment Instructions

<input type="checkbox"/> Advance Us Immediately, A/C No.: <input type="checkbox"/> Offset Our Import Bills Under Ref. No.: <input type="checkbox"/> Others	<input type="checkbox"/> Credit Us Upon Receipt of Funds, A/C No.: <input type="checkbox"/> Please Utilise Contract Ref. No.: <i>(*Please refer below for Terms & Conditions)</i>
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Documents Attached (We attach additional copy of invoice and non-nego B/L)

Draft	Invoice	Packing List	Weight List	Cert of Origin	Insurance Pol / Cert	B/L	Airway Bill	Delivery Order		

Special Instructions

If immediate credit has been given for the drafts described herein, it is agreed that such credit is conditional upon and is subject to collection and receipt by you of the full value of the said drafts; in the absence of such receipt and collection by you, we will, upon your demand reimburse you for the amount so advanced plus interest thereon at your prescribed rate from the date of the said advance until the date of payment. If the drafts are returned unpaid, documents are to be returned by regular mail to the address mentioned above. This collection is subject to Revision of the Uniform Rules for Collections, International Chamber of Commerce Publication currently in force.

*We, the Applicants, consent to the Bank, it's officials, employees, correspondents and agents disclosing any information regarding the Applicant's particulars, this Application, the subject matter thereof and Applicant's account and affairs (including but not limited to the Applicant's name, account number/ unique reference number, address, unique identification number and/or date and place of birth) as the Bank shall deem appropriate for the purpose of any investigations relating to the Application made herein, any transactions connected therewith and/or towards compliance with law, regulations, guidelines, directives and/or such other requirements of regulatory authorities.

Authorised Signature(s) & Company Stamp

Name(s):

SINGAPORE

Date: / /

Tel: (65) 6878 0707

Please complete form clearly in English & BLOCK LETTERS.

NO.: _____

AT _____ OF THIS **FIRST** BILL OF EXCHANGE (SECOND UNPAID) PAY TO THE ORDER OF

THE SUM OF _____

VALUE RECEIVED _____

TO: _____

Authorized Signature(s) & Company Stamp / Company Name

ENDORSEMENT

Authorized Signature(s) & Company Stamp / Company Name

SINGAPORE

Date: / /

Tel: (65) 6878 0707

Please complete form clearly in English & BLOCK LETTERS.

NO.: _____

AT _____ OF THIS **SECOND** BILL OF EXCHANGE (FIRST UNPAID) PAY TO THE ORDER OF

THE SUM OF _____

VALUE RECEIVED _____

TO: _____

Authorized Signature(s) & Company Stamp / Company Name

ENDORSEMENT

Authorized Signature(s) & Company Stamp / Company Name

SINGAPORE

Date: / /

Tel: (65) 6878 0707

Please complete form clearly in English & BLOCK LETTERS.

NO.: _____

AT _____ OF THIS **FIRST** BILL OF EXCHANGE (SECOND UNPAID) PAY TO THE ORDER OF

THE SUM OF _____

VALUE RECEIVED _____

TO: _____

COPY

Authorized Signature(s) & Company Stamp / Company Name

ENDORSEMENT

Authorized Signature(s) & Company Stamp / Company Name