



LETTER OF CREDIT AUTHORISATION FORM FOR INDUSTRIAL CONSUMERS SHIPPING PERIOD

UCB LCAF No. 231289

- A. 1. Name & Address of the Industrial Unit : _____
2. IRC No. _____ (ii) Year of Renewal _____
3. Sector of Industry : _____
4. Whether the unit is Adhoc or Regular : _____
5. (i) Whether for Raw and Packing materials or for Spare Parts : _____
- (ii) Annual import entitlement : _____
6. Source of Financing : Cash/Barter/Loan/Credit/Others _____
- (Particulars of the source must be mentioned clearly) _____
7. (i) Particulars of CCI & E's Public Notice with date or provision of Import Policy Order : _____
- (ii) Basic of Licensing under the aforesaid source : _____
- (iii) Share of the Unit as per basis Tk. _____
- (in words Taka) : _____
8. Utilization of the Previous LCA (s) (wherever applicable) with proof (L/C Particulars to be indicated with date) : _____
9. List of items to be imported with HS Code Classification No. _____

Sharos for the restricted item (s) If any should be separately indicated within the overall value of LCAF

Description of item (s) to be imported	Restricted items showing individual share

I hereby declare that the above particulars are correct and that my I.R.C has not been suspended/cancelled and that licensing facility has not been withdrawn of withheld by SA or licensing authority. I further declare that I have not utilised my share from any other source during current shipping period/I utilised _____ % of my share under Public Notice No. _____ dated _____ (to strike off whichever is not applicable).

Date _____

B. (To be Endorsed by Bank)

Certified that we have verified the importer's signature, Pass Book, I.R.C, source of financing and other particulars required and found that the unit is eligible to utilize its share for the item(s) and the amount as indicated above from this source. We have no objection to allow them to open L/C under Group Leader of M/s. _____

Seal and Signature of the Importer

Under sector _____ bearing I. R. C. No. _____ and that we have endorsed the same in the Pass Book (in case of L/C under Group Leader only). Also certified that I.R.C. of the unit has been renewed for _____

Date of issue _____

Signature of the Manager of the Nominated Bank with seal in case of imports under sources other than cash where registration with Bangladesh Bank is not required the Designated Bank will endorse the following under their Seal and Signature :

Particulars of Barter/Loan/Credit /Others

(i) Name of the source

(ii) Name of the Designated Bank and Branch

Date _____

Signature of the Designated Bank with seal

D. FOR USE OF BANGLADESH BANK

REGISTRATION NO. WITH BANGLADESH BANK

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Registered for Tk. _____

(In words) _____

Date of registration _____

Deputy Director
Bangladesh Bank
Exchange Control Department

United Commercial Bank Ltd.

STAMP

L/C NO.

APPLICATION AND AGREEMENT FOR CONFIRMED IRREVOCABLE WITHOUT RECOURSE TO DRAWERS LETTER OF CREDIT.

Please open confirmed irrevocable letter of credit through your correspondent by ☐ Mail/Airmail ☐ Teletransmission in full ☐ Teletransmission in brief details of which are as follows : ☐ Swift

Date :

Beneficiary's Name & Address			
Opener's Name & Address :			
Draft amount :	In words :	<input type="checkbox"/> At sight <input type="checkbox"/> days DA/DP	<input type="checkbox"/> CIF <input type="checkbox"/> FOB <input type="checkbox"/> C F R <input type="checkbox"/> Us <input type="checkbox"/> Them
Please specify commodities, price, quantity, indent no. etc.			
Country of origin :			
DOCUMENTYS REQUIRED SA INDICATED BY CHECK (X)			
<input type="checkbox"/> Commercial invoice in sixtuplicate	Bangladesh Bank Registration No. Import Licence / LCAF No.		
<input type="checkbox"/> Special customs invoice in duplicate	H.S. code : IRC. No. :		
<input type="checkbox"/> Other documents : _____ (if special documents are required please specify name of issuer)			
<input type="checkbox"/> Full set of clean on board bills of lading	<input type="checkbox"/> Airway Bill	<input type="checkbox"/> Post parcel	<input type="checkbox"/> Relating to shipment <input type="checkbox"/> T/R <input type="checkbox"/> R/R
from _____ to _____ drawn (in each case please certify port of country only)			
to the order of United Commercial Bank Ltd. Marked notify above account party.			
Insurance cover note/policy no. : Date : Amount Tk. :	(Name and address of Insurance Company)		
<input type="checkbox"/> Part shipment	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited	<input type="checkbox"/> Transhipment <input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited
Last date of shipment :			
Last date of negotiation :			
Other terms and conditions if any : i) Foreign Bank's Charges on opener's/beneficiary's A/C ii) iii) iv)			

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