 Date:

**APPLICATION FORM LC**

Name: Contact No.

Address:

Fax: Email:

Contact Person:

Amount of LC:

**BENEFICIARY BANK**

Bank Name:

Bank Address:

Bank Swift Code: Bank Account No.

**BENEFICIARY**

Name: Contact No.

Address:

Fax: Email:

**Expiration Date: Days Validity.** **Latest Shipment Date: Before Expiry.**

Shipment From: Shipment To:

Terms: FOB/CIF/CFR/DDP

Shipment By SEA/AIR/LAND

PARTIAL SHIPMENT ALLOWED NOT ALLOWED TRANS-SHIPMENT ALLOWED NOT ALLOWED

**PROFORMA INVOICE**

Merchandize Description:

Proforma Invoice Ref:

Proforma Invoice Date:

Required Documents:

**BLOCKCHAIN SENT VIA**

Name: Country

Wallet Address:

Currency:

Beneficiary Contact Person:

Full Address:

Phone: Email: