Application for Presentation of Export Collection Documents

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1	COPS Maker					СО	PS Checker			
				se						
rabic form available										
This Application for Pr Rules for Collection, I Revision) and any revis Mandatory Fields	resentatio nternatior	n of Export Collect Thal Chamber of C	Commerce Publication							
 In consideration of R above mentioned Coll indemnify and hold R negligence, failure, de Bank or for any loss or Presentation of Expori 	lecting Ba AKBANK h elay in payı r delay occ	nk who are not RA narmless and RAK ment, refusal of pa curring in the cou	AKBANK's corresponde BANK shall not be resp ayment or insolvency o	ent bank, I/v ponsible fo of the said (ve hereby or any act, Collecting					
Applicant Declaration and Terms and Conditions 1. In consideration of RAKBANK forwarding documents at my/our request for collection to					Applicant Signature(s) with Company Stamp *					
Contact Person in case of clarification)		Name					Contact No.			
Account Number * For Charges)		13 digits				Account Number * (for Proceeds)	13 digits			
Special Instructions (if any)										
Others Details										
Certificate of Quantity						Others				
Certificate of Quality						Courier/Postal Receipt	Courier/Postal Receipt			
Truck Consignment Note						Shipping Co /Vessel Cert.				
Delivery Note						Inspection Certificate				
Bill of Lading Airway Bill						Weight Certificate Insurance Policy/Certificate				
Commercial Invoice						Packing List				
Bill of Exchange / Drafts						Certificate of Origin				
Document Description			Original	Co	ру	Document Description		Original	Сору	
Documents Enclose			I	ı		I				
enor *		□ D/P at Sight □ D/A Days after □ Bill of Lading □ Airway Bill □ Invoice □ Delive						Order Acceptance		
ank Code	- 1	☐ Swift ☐ BSB (Australia) ☐ IFSC ☐ Transit No. (CANADA) ☐ FED			☐ Sort (UK) ☐ CHIPS UID (US) WIRE (US) ☐ Others			Bank Code		
Branch				City /	City / State		Country *			
Address				1		1		1		
Name *										
Collecting Bank										
City / State							Country			
Address								T		
Name(s)								Contact No.		
Drawee Details *								Contract No.		
	AITIOC									
Bill Amount *	Amou	unt in Words					_			
	Curre	ncy		Amount ir	n Figures		Bill No. *			
Account Number *	13 dig	gits					D:II N - *			
account Name *	Name	⊇(s)								
							Date *	dd mm	уууу	

Amal Lakum - Hope for you

PAKBANK
RAKislamic
HEACHIE HAULDE