

**REQUEST FOR DISCOUNT OF EXPORT BILL(S)/
 PRESENTATION OF DOCUMENTS FOR COLLECTION**

To : **Industrial and Commercial Bank of China (Thai) Public Company Limited** Date
 11-13/F Emporium Tower
 622 Sukhumvit Road
 Bangkok 10110, Thailand Messrs.
 Tel. (662) 663-9606-16 Address :
 Fax. (662) 663-9766
 Attn : Export and Domestic Section Tel :

I/We enclose herewith the documents specified below, which you are kindly requested to collect/discount with recourse to me/us and proceed as follows :

Apply proceeds to my/our Export Packing Credit No
 Forward Purchase Contract No

Credit my/our A/C No maintained with your

My/Our Ref. No	<input type="text"/>
Drawee	<input type="text"/>
Address	<input type="text"/>
For Amount of	<input type="text"/> Tenor <input type="text"/>

Please present the above-mentioned documents to :

Collecting Bank In One Mail Two Mails
 Full Address

Please follow instructions as marked "X"

Deliver documents against
 Telex/SWIFT advise Non-acceptance and/or Non-payment immediately, and please instruct the Collecting Bank to store and insure goods and changes for my/our A/C under advice to drawee(s) and yourselves .
 Protest for Non-acceptance and/or Non-Payment.
 Collect all your charges fees, costs and expenses from drawee(s).
 Charges must not be waived.
 In case of delayed payments, please instruct the Collecting Bank to collect interest at % p.a. from presentation date/due date to payment date.
 Interest must not be waived
 Special Instructions

In consideration of your having discounted my/our export bill(s) / cheque(s) / draft(s), I/We hereby undertake to hold you free and harmless from all expenses, losses or damages caused in consequence of non-acceptance and/or non-payment of any export bill(s) / cheque(s) / draft(s) so discounted.

I/We further undertake to refund to you the Baht equivalent of the foreign currency amount of export bill(s) / cheque(s) / draft(s) upon receipt of your notice of non-acceptance and/or non-payment at the prevailing rate discounted by you together with interest at your maximum default rate and all other costs or expenses.

I/We hereby authorize you to **debit** my/our account maintained with you accordingly.

Your faithfully.

Authorized Signature

This Collection is subject to The Uniform Rules for Collection (1995 Revision), International Chamber of Commerce, (Publication No.522)

Draft	Commercial Invoice	B/L AWB	Insurance Pol/Cert.	Cert.of Origin	Packing List	Inspection Cert.	Weight List	Phyto Cert.	Health Cert.	Fumigation Cert.	Cert of Analysis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECKED BY	APPROVED BY
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