



UNCONFIRMED LETTER OF CREDIT INSURANCE APPLICATION

* All points and questions should be duly completed. If the allowed space is not sufficient, a separate sheet can be used .

* The application should be sent to fax no. (965) 24959596/7, the original to be dispatched by mail to P.O.Box: 23568 Safat 13096 Kuwait.

UNCONFIRMED LETTER OF CREDIT INSURANCE APPLICATION

Data to be completed by the Organization:

Application no.:

No. of previous Guarantee Contract:

.....
Date: .../.../

Part 1 :

1-1 Applicant Data :

1-1-1 Company Name:.....

1-1-2 Head Office Address:

P.O.Box: City: Country:

Tel: Fax: Telex:

1-1-3 Nationality:

1-1-4 Legal Nature : Natural Person Juridical Person

In case of juridical person:

- Government Entity
- Public Sector Entity
- Public/Private Sector
- Private Sector

1-1-5 Shareholders :

Name	Nationality	Percentage to Total Capital
.....
.....
.....
.....

1-1-6 Name of person authorized to sign the insurance policy:

.....

Title: Type of Authorization¹ :

Tel: Fax:

Email :

¹ Type of authorization should be indicated (power of attorney) and a copy of which should be enclosed .

1-2 Export Contract Data :

1-2-1 Name of Importer:

1-2-2 Head Office Address:
P.O.Box: City: Country:
Tel: Fax: Telex:

1-2-3 Legal Nature : Natural Person Juridical Person

1-2-4 Legal Nature : Natural Person Juridical Person
In case of juridical person:
 Government Entity
 Public Sector Entity
 Public/Private Sector
 Private Sector

1-2-4 Description of goods to be exported :

1-2-5 Country of origin :

1-2-6 Country of export :

1-2-7 Country of import :

1-2-8 Date of export contract :

1-2-9 Value of export contract :

1-2-10 Duration of export contract :

Part 2: Letter of Credit (L/C) Data:

2-1 Name of the issuing bank :

2-2 Head Office Address:
P.O.Box: City: Country:
Tel: Fax: Telex:

2-3 Value of L/C : Currency :

2-4 Credit Period (Tenor):

2-5 Have you received L/C's by the same bank : Yes No
If yes, please state total value :

2-6 Has the bank paid you the L/C's in full : Yes No
If no, please state amounts not paid and reasons for non-payment :
.....
.....

.....
2-7 Is there any management or partnership relation between you and
the issuing bank : [] Yes [] No
If yes , please clarify :

Declaration

I, the undersigned, declare that the information in this application and any attachments thereof are true, and that I did not conceal any information that would affect the Corporation's decision regarding the offering of its guarantee or the scope of that guarantee, and that there are no incidents that constitute, or may constitute, any of the risks that are covered by the guarantee. I also declare that I will bear all consequences resulting from proving otherwise, and that I am ready to answer any query or question required by the Corporation.

Name :

Signature :

Position :

Date :