

P.O.F Application Form

1. Applicant	Name:
	Address :
	Phone:
	Fax :
	Email :
	Contact person :
2. Amount of the instrument:	
3. Advising Bank	Name:
	Address :
	SWIFT CODE :
	Account number:
	Bank Officer:
4. Beneficiary	Name : .
	Address :
	Phone :
	Fax :
	Email :
6. Validity	30 / 60 days
7. Pro Forma invoice / Contract	Merchandise Description:
	Number:
	Date:
8. Special Conditions:	Others: