

* Mandatory

COLLECTION ORDER



To : **DBS Bank (Hong Kong) Limited ("The Bank", "you", or "your", including, in each case, successors and assigns)**

Date : 19 Mar, 2010

<p>Drawer (Full Name and Address): (1) Name: * _____ Address: * _____ _____ _____ Contact: * _____ Tel No: * _____ Fax No: * _____</p> <p>Applicant/Consignee (Full Name and Address): (2) Name: _____ Address: _____ _____ _____</p> <p>Drawee (if not Consignee) (Full Name and Address): (3) Name: _____ Address: _____ _____ _____</p> <p>Documentary Credit No: (5) Dated: _____</p> <p>Opened by (4)</p> <p>Brief Description of Goods: <u>As per invoice</u> Departure Date _____ BL/AWB or CR No: _____ Vessel/Flight No: _____ Port of Loading: (11) _____ Port of Discharge: _____ Final Desin. if on Carriage: _____</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Documents</th> <th>Drafts</th> <th>Invoice</th> <th>Packing List</th> <th>Cert</th> <th>Insp Cert</th> <th>Cert of Origin</th> <th>C.O. Form A</th> <th>Insurance Policy/ Cert</th> <th>Export Licence</th> <th>B/L</th> <th>Non-Nego B/L</th> <th>AWB</th> <th>Cargo Receipt</th> </tr> </thead> <tbody> <tr> <td>No. of copies</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Other Document Attached: (12) _____</p>	Documents	Drafts	Invoice	Packing List	Cert	Insp Cert	Cert of Origin	C.O. Form A	Insurance Policy/ Cert	Export Licence	B/L	Non-Nego B/L	AWB	Cargo Receipt	No. of copies														<p>We hand you draft and/or documents as listed below for disposal in accordance with the following instructions and subject to your General Commercial Agreement and to the terms and conditions overleaf:</p> <p><input type="radio"/> 1. Advance (6a) <input type="radio"/> ADVANCE against bills/documents under D/A or D/P <input type="radio"/> HONOUR or NEGOTIATION by immediate advance/ prepayment/ purchase under DOCUMENTARY CREDIT</p> <p><input type="radio"/> 2. Examine documents & you agree to advance to us by HONOUR or NEGOTIATION under DOCUMENTARY CREDIT and the advance/ prepayment/ purchase to be made upon receipt of: (6b) <input type="radio"/> confirmation of due date subject to the available DC issuing bank limit of your Bank. <input type="radio"/> our separate written instruction</p> <p><input type="radio"/> 3. COLLECTION (Payment after proceeds received) for bills/documents under DOCUMENTARY CREDIT (without documents examination, D/A or D/P) (6c)</p> <p>Drawer's No: * (7) _____</p> <p>Tenor: <input checked="" type="radio"/> Sight <input type="radio"/> Term (9) _____ days (8)</p> <p>Price Term (Incoterms): _____</p> <p>Currency: * (10) _____</p> <p>Amount: * _____</p>
Documents	Drafts	Invoice	Packing List	Cert	Insp Cert	Cert of Origin	C.O. Form A	Insurance Policy/ Cert	Export Licence	B/L	Non-Nego B/L	AWB	Cargo Receipt																
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<p>INSTRUCTIONS FOR BILLS AND/OR DOCUMENTS UNDER D/A AND D/P PLEASE FOLLOW THE INSTRUCTIONS MARKED [X]</p> <p><input type="checkbox"/> Deliver documents against <input type="radio"/> Payment (D/P) <input type="radio"/> Acceptance (D/A) <input type="checkbox"/> ACCEPTANCE/PAYMENT may be deferred pending arrival of goods</p> <p><input checked="" type="checkbox"/> Advise payment by telecommunication <input type="checkbox"/> Please note that we have covered the Export Credit Insurance for the above-mentioned drawee against Policy No. (13a)</p> <p><input checked="" type="checkbox"/> Advise acceptance and maturity date by telecommunication <input checked="" type="checkbox"/> Collecting Bank Full Name: (13b) _____ Address: _____</p> <p><input checked="" type="checkbox"/> Advise non-acceptance/non-payment, given reasons by telecommunication</p> <p><input type="checkbox"/> If unaccepted/unpaid please protest.</p> <p><input checked="" type="checkbox"/> In respect of FOB/FCA or FCR/CPT shipment, we certify that insurance is covered by drawee.</p> <p><input type="checkbox"/> In case of need refer to _____ _____ _____ who will assist you to obtain acceptance/payment but who has no authority to amend the terms of the bills.</p> <p><input type="checkbox"/> Collect interest @ _____ % p.a. from drawee from date of _____ until _____</p> <p><input checked="" type="checkbox"/> Collect your correspondents' commission and charges from drawee.</p> <p><input checked="" type="checkbox"/> <input type="radio"/> WAIVE * <input checked="" type="radio"/> DO NOT WAIVE * Interest and/or your (13d) correspondents' commission and charges if refused.</p>																													

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Date: 19 Mar, 2010

<p>PROCEEDS DISPOSAL:</p> <p>(14a) Credit our Account No. _____ Under Forward Exchange Contract No. (if applicable) _____</p> <p>(14b) Debit our Account No. _____ for your bank charges. (In case of no indicating, please debit the Account No. as stated above.)</p> <p><input type="checkbox"/> Amount for _____ to be transferred for repayment: Import bill/Transfer DC document under Ref. No. _____</p> <p>(14c) _____</p> <p>(14d) <input type="checkbox"/> Repay Packing Loan Ref. No.: _____</p>	<p>OTHER INSTRUCTIONS:</p> <p><input type="checkbox"/> For documents to be presented to Local Bank, please instruct them to pay in (14e) _____</p> <p><input checked="" type="checkbox"/> Documents to be forwarded:</p> <p><input checked="" type="radio"/> as per DC terms</p> <p><input type="radio"/> by Courier in 1 lot</p> <p><input type="radio"/> Others _____</p> <p><input type="checkbox"/> Other Instructions:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>(14f)</p> </div>
<p>For Bank Use Only</p> <p>Bill Ref.No: _____</p> <p>CIF No: _____</p> <p>Finance Type: _____</p> <p>Bill Category:</p> <p><input type="checkbox"/> LIBW <input type="checkbox"/> CBN <input type="checkbox"/> OB</p> <p><input type="checkbox"/> LIBN <input type="checkbox"/> CBC <input type="checkbox"/> EBC</p> <p><input type="checkbox"/> LIBN (Payment)</p>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; text-align: center; margin: 0 auto;"> <p>S.V.</p> </div> <p style="text-align: right;">_____ Authorized Signature(s) & Company's Stamp</p>
<p>Please do not write on or cover this section</p> <div style="display: flex; justify-content: center; gap: 20px;"> <div style="border: 1px solid black; padding: 2px 5px;">Save</div> <div style="border: 1px solid black; padding: 2px 5px;">Confirm & Print Form</div> </div> <div style="text-align: center; margin-top: 10px;">  <p style="font-size: small;">787da15b-5b9f-463d-b1ed-4c20f27e05bb</p> </div>	