

【別掲】 輸入信用状発行依頼書 APPLICATION FOR IRREVOCABLE DOCUMENTARY CREDIT

株式会社あいば銀行御中

お申込日: November 20,2009

To: The Bank of AIBA, Ltd.

L/C No. AIBA3030151

I/We hereby request you to issue an Irrevocable Documentary Credit detailed below and to advise the under-mentioned Beneficiary of issuance of The Credit.

【注】 必要な項目の口に×印を記入し、アンダーライン部分は必要に応じて記入してください。

Advising Bank: The Bank of Vancouver, Vancouver, Canada		発行希望日: 2009/11/25	お客様 Ref. No. AA-5623828
Beneficiary: Canadian Packer, Inc.,		信用状の通知方法: <input type="checkbox"/> Airmail <input type="checkbox"/> Airmail with brief preliminary cable advice <input checked="" type="checkbox"/> Full Cable without Mail Confirmation	
Address: 800,West First Avenue, Vancouver, British Columbia, Canada		確認の要否: <input type="checkbox"/> Confirmed <input checked="" type="checkbox"/> Unconfirmed 譲渡可能: <input type="checkbox"/> Transferable (通知銀行が譲渡手続取扱銀行)	
Credit Amount: ( <u>10%</u> more or less allowed) Can\$500,000.00(Dollars Five Hundred Thousand only in Canadian Currencies.)		支払条件: This Credit is available <input checked="" type="checkbox"/> 一覧払(At Sight:手形不要とします) <input type="checkbox"/> 期限付( <input type="checkbox"/> 手形要/ <input type="checkbox"/> 手形不要(Deferred Payment) At xxxxx for 100/ <input type="checkbox"/> % of the	<input checked="" type="checkbox"/> ユーザンス利用 <input checked="" type="checkbox"/> 自行(為銀) <input checked="" type="checkbox"/> 期間 <u>120</u> 日 <input type="checkbox"/> 期間未定 <input checked="" type="checkbox"/> 異種通貨: 通貨:US\$ <input type="checkbox"/> 外銀ユーザンス <input type="checkbox"/> 当行引受(回金)
Expiry Date of Credit: 2010/02/25	Latest Date for Shipment: 2010/02/15	Invoice Value drawn on <u>yourselves</u> . <input checked="" type="checkbox"/> 求償方式/ <input type="checkbox"/> 回金方式(円建ては、回金方 式となります。)	
Document must be presented within <u>10</u> days after the date of shipment but within the validity of the Credit.		Partial shipments: <input checked="" type="checkbox"/> Allowed <input type="checkbox"/> Prohibited	Transshipment: <input checked="" type="checkbox"/> Allowed <input type="checkbox"/> Prohibited
Port of Loading/Airport of Departure: Vancouver, British Columbia, Canada		Port of Discharge/Airport of Destination: Tokyo, Japan	
Place of Receipt(受取地) Vancouver port CY		Place of Final Destination(最終仕向地) Tokyo, Japan CY	
Documents required: <input checked="" type="checkbox"/> Signed Commercial Invoice in <u>Quintuplicate</u> <input type="checkbox"/> indicating <u>L/C No.</u> <input type="checkbox"/> Insurance Policy or Certificate in Duplicate ,endorsed in blank for 100/ <input type="checkbox"/> _____ % of Invoice Value indicating Institute Cargo Clauses( <input type="checkbox"/> All Risks/ <input type="checkbox"/> W.A./ <input type="checkbox"/> F.P.A. <input type="checkbox"/> _____), Institute War Clauses, Institute Strikes Riots & Civil Comotions Clauses, claims to be payable in Japan/ <input type="checkbox"/> in _____ <input checked="" type="checkbox"/> Full set/ <input type="checkbox"/> ___ set of <input type="checkbox"/> Clean on board Ocean Bills of Lading <input checked="" type="checkbox"/> Clean Negotiable Combined Transport Bills of Lading made out to order of Shipper and blank endorsed/ <input type="checkbox"/> to _____ marked freight <input checked="" type="checkbox"/> prepaid/ <input type="checkbox"/> collect, notify; Applicant/ _____ and or <input type="checkbox"/> Clean Air Waybills consigned <input type="checkbox"/> to The Bank of AIBA, Ltd./ <input type="checkbox"/> to _____ <input checked="" type="checkbox"/> Packing List in <u>Triplicate</u> <input checked="" type="checkbox"/> Certificate of Origin in <u>Duplicate</u> <input type="checkbox"/> G.S.P. Certificate of Origin (Form A) in _____ <input checked="" type="checkbox"/> Health Certificate in Duplicate issued by Canadian Foods Inspection Agency. <input checked="" type="checkbox"/> Beneficiary's Certificate stating that <u>One set of Non-negotiable shipping documents and Original Health                  Certificate have been sent to Applicant directly after shipment by International Courier Service.</u>			

Description of Goods: 極力簡潔に  Quantity(ies) 10 % more less allowed

About 40,000 lbs. of chilled cut pork meat packed in carton boxes in Refer Container

Trade terms(建値):  FOB  CFR  CIF  EXW  \_\_\_\_\_ Place Tokyo, Japan, INCOTERMS 2000  
 Insurance is to be effected by Applicant (FOB,CFR 等輸入者が付保する条件の場合)

Additional Connditions:

A copy of Surrendered B/L is acceptable in lieu of Combined Transport Documents.

Reimbursement by Telecommunication is  acceptable/  Prohibited.(指示がない場合は、Prohibited とする)

All Banking Charges outside Japan are for account of  Applicant/  Beneficiary.(指示がない場合は、Applicant とする)

※Discount Charges/Usance Interest are for account of  Applicant/  Beneficiary.

※Acceptance Commission/Deferred Payment undertaking fee are or account of  Applicant/  Beneficiary.

※(期限付手形振出/Deferred Payment 条件の場合は、必ず記入する。)

All documents must be sent to us in  One Lot /  Two Lots  by Courier Service  by Registered Airmail.(必ず記入)

In consideration of your Issuing a letter of credit substantially conforming to my/our request herein.

I/We agree and undertake to hold myself/ourselves liable to you as per conditions set forth in Commercial Letter of Credit Agreement on Letter of Credit Transactions as the case may be, made between you and me/us .

I/We understand that this Letter of Credit shall be subject to Uniform and Practice for Documentary Credit (2007 Revision, International Chamber of Commerce, Publication No.600

Yours Very Truly,

International Foods Business Co., Lt.d.

***A.Amitami***

Authorized Signature(署名または記名押印)

ご担当者 Amitani 電話番号 03-9393-9111