APPLICATION FOR SHIPPING GUARANTEE/INDEMNITY - AIR WAYBILL/CUSTOMS ASSESSMENT NOTICES/ CONSIGNMENTS RELEASE



You need Adobe Reader 9.0 to view this form. You can download Adobe Reader free of charge PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED) To: The Manager		
ANZ Trade and Supply Chain Select (Branch)		
	Date (dd/mm/yyyy)	
From: (Customer name and address, include company identification number if applicable):		
I/we request that ANZ:		
endorse or countersign the attached, or issue your, guarantee/ind without production of the Bills of landing for goods as detailed be	lemnity to enable me/us to obtain replacement Bills of Lading and/or delivery elow; or	
authorise release of goods covered by the Air Waybill/Customs As	sessment Notice/Consignment as detailed below; or	
endorse the attached original Bill of Lading/Air Waybill to enable r	me to take delivery of the goods	
Attached Documents		
Copy of Commercial Invoice and	Attached Document Number(s)	
Maximum Amount: (domestic value)	Invoice Value	
	Currency \$	
Expiry Date: (365 days from date of issue) (dd/mm/yyyy)	Goods Description: (brief description)	
Shipped By: (Name of Supplier and Address)	Shipped From: (Country)	
Shipped by. (Name of Supplier and Address)	Shipped From: (Country)	
Date Shipped: (B/L or Airway Bill Date) (dd/mm/yyyy)	Carrier and Vessel Name:	
Under Documentary Credit No. (If Applicable)	Name of Applicant's Representative: (If Applicable)	
Charges: Debit our following account for all charges relating to this re	elease/guarantee (Note: charges are payable on issue and quarterly thereafter	
until such time as the instrument is returned to the bank);		
Currency	Account Number	

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This application is subject to, and we are bound by, the terms in the ANZ Trade Terms booklet and any other applicable Trade Agreements. We confirm that ANZ has given us the booklet or we have accessed it at anz.co.nz and given us the other applicable Trade Agreements. We acknowledge ANZ recommends that we read these documents and seek clarification from ANZ about any issues of concern.

Authorised Signature	Name of Authorised Signatory
Authorised Signature	Name of Authorised Signatory
Company stamp or chop (if applicable):	
BANK USE ONLY Release Details	
Date received (dd/mm/yyyy) Time received Signature(s) verified	
Yes No	
Cancellation Details	
Date released (dd/mm/yyyy) Date Cancelled (dd/mm/yyyy)	Signature for Receipt of Documents