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PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED)

To: The Manager

ANZ Trade and Supply Chain Select (Branch)

Branch

Date (dd/mm/yyyy)

From: (customer/applicant name and address, include company identification number if applicable):

Please complete as appropriate:

I/We request ANZ to issue
 amend

select (instrument)

a with the following details:

In favour of (beneficiary's name)

Address

Beneficiary Contact Name

Telephone Number

Beneficiary's Bank Name

Beneficiary's Bank Address

Amount (currency and amount in figures)

Guarantee Expiry Date (dd/mm/yyyy)

ANZ Reference (if known)

FORMAT OF GUARANTEE

- Please issue/amend in your standard wording or;
- Please issue/amend in the format attached (subject to ANZ approval).

METHOD OF ISSUE/AMENDMENT

- Guarantee to be advised through Beneficiary's bank (via SWIFT).
- Guarantee to be delivered to the Beneficiary by courier.
- Guarantee to be delivered to Applicant by courier (subject to ANZ approval).
- Guarantee to be issued by a local Bank in the country of the Beneficiary (additional charges will be incurred).



SPECIAL INSTRUCTIONS/AMENDMENT DETAILS

SECURE E-MAIL NOTIFICATIONS:

We wish to receive Secure E-mail Notifications for this guarantee

We acknowledge that all e-mail notifications for this guarantee will be sent at our risk and agree that ANZ is not responsible for and will not be liable for any loss, cost or damage arising, whether directly or indirectly, from providing us with such e-mail notifications.

Password:

A default password for the guarantee e-mail notifications will be assigned by ANZ and is to be advised to:

Contact Name

Telephone

E-mail Address(es) for the Guarantee Notifications:

CHARGES:

Please debit ANZ's charges for this instrument issue/amendment to our:

Domestic Account Number

Foreign Currency Account Number: (currency and account)

This application is subject to, and we are bound by, the terms in the ANZ Trade Terms booklet and any other applicable Trade Agreement. 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

BANK USE ONLY

Date Received (dd/mm/yyyy)

Signature(s) Verified

Yes No

All Checks Complete

Approved By

Trade Relationship Officer

Manager/Team Leader