



## Import Bills Form 4 Issuance and Remittance Application form ARAB REPUBLIC OF EGYPT

We hereby request that Standard Chartered Bank, Egypt Branch (the "Bank") to fill in and accordingly issue Form 4 on our behalf, containing the following details:

1. APPL	LICANT DETAILS			
1.1 Applicant Name:	1.2 Applicant Address:			
1.3 Applicant Import Card No.	1.4 Applicant Tax Card No:			
1.5 Line of Business	1.6 Name of contact person			
1.7 Debit Account for Admin Fees & Commission	1.8 Telephone of contact person			
1.7 Debit Account for Adminit ees & Commission	i.o relephone of contact person			
2. SHIF	PMENT DETAILS			
2.1 Invoice Number	2.2 Invoice Date			
2.3 Shipping Document Number	2.4 Shipping Document Date			
25 Coods Dossvirkian				
2.5 Goods Description				
2.6 Quantity	2.7 Value of Documents			
2.8 Currency	2.9 County of origin			
2.10 Imported from	2.11 Trade Term (Ex: EXW, FOB, CFR, CIF,etc)			
2.12 ACID No.	2.13 HS Code			
Z.IZ ACID NO.	Z.IS FIS Code			
2.14 Form4 Required as per the below: Please tick trar	nsaction type:			
☐ Open Account				
☐ Import Bill Collection (IBC) Reference:				
☐ Import LC(ILC) Reference:				
3. TERMS OF PAYMENT				
Please tick one of the below:				
Advanced Payment as per Proforma invoice – swi	ft message attached			
Cash Against Documents (Sight)				
Deferred Payment ( Days) from (B/L, AWB, Invoice,etc)				

Specify deferred payment date:

Dloggogge		REMITTANCE	<b>E AMOUNT</b> nitted or equivalent currency amount to b	o converted		
Currency of Remitto	·	mount to be rem	nicted of equivalent currency amount to b	e converted.		
Amount to be Remit						
In Words	ueu					
	Charge Type: SHA - Local charges borne by remitter & overseas by beneficiary					
<ul> <li>☐ OUR - All local and overseas charges borne by remitter</li> <li>☐ BEN - All local and overseas charges borne by beneficiary</li> </ul>						
Value Date *			2, 20.10.10.10.1			
5. RECIPIENT'S (BENEFICIARY) INFORMATION						
Account No. / IBAN		A	ccount Name & Address *			
Recipient's Bank De	etails					
Bank Name						
Country		С	ountry *			
SWIFT / Clearing Co	ode					
Address						
	(	6. PAYMENT	DETAILS			
6.1 Debit Account N	Vo.	6.	2 Payment CCY & Amount			
liable for any losses,  Moreover, we autho debiting our account In case cash collaterathe cash collateral a	costs or damages as a result rize you to book cash collat t number ( al will be collected in currenc	t of relying on the ceral in case it ). by other than the e also acknowle	ect and accurate and the Bank shall the above information to complete F applies as per the Central Bank of the Import Transaction currency, we are edge your right to increase the cash ange rates.	form 4 on our behalf. Egypt regulations by uthorize you to collect		
implementation of the breach to this underthe from the issuance of the report to the Centhe of clients failing to eximportation transaction. We release the Bank	nsaction was not and will not he importation transaction transaction traking. Additionally, we are of the relevant Form 4. We ack tral Bank of Egypt all the data execute importation transaction in the future.  The formany liability and indemore.	ot be presented. We shall be a caware that ship and hold the care	ereby undertake that the shipping do ) and which we do to any other bank in order to avoid deemed fully liable and responsible beaments should be cleared from the cu to failing to fulfil any of our undertaking and our related parties to add us and adds to our inability, and our related p	will use to implement bid duplication in the should there be any ustoms within 30 days ngs herein entitles you nd them to a blacklist parties to execute any ons, suits, proceedings,		
Best Regards,	Name					
	Signature			-		
	Signatore					
	Date					