

To :

Date (dd/mm/yyyy)

Bank Guarantee

OR

Counter Guarantee

**1. Applicant's Name and Address**

Contact Person	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>
Fax Number	<input type="text"/>

**2. Beneficiary's Name and Address**

Contact Person	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>
Fax Number	<input type="text"/>

**3. Third Party's Name and Address (if applicable)**

  


**4. Type of Bank Guarantee**

Bid/Tender Bond (Enclose a copy of Invitation Letter)

Performance Bond (Enclose a copy of Letter of Award and/ or Contract)

Payment Guarantee

Advanced Payment Bond (Enclose a copy of Letter of Award and/or Contract)

Financial Guarantee

Others, if any (please specify) :

  


**5. Type of Application**

A) Issuance	B) Renewal	C) Extension/Amendment
Currency <input type="text"/> Amount <input type="text"/> In words <input type="text"/> <input type="text"/> <input type="text"/> Effective Date (dd/mm/yyyy) <input type="text"/> Expiry Date (dd/mm/yyyy) <input type="text"/> Claim Period*(No. of days after expiry date) <input type="text"/> days	Currency <input type="text"/> Same Amount Different Amount For different amount, please indicate i) Increased by(Amount) : <input type="text"/> ii) Decreased by (Amount): <input type="text"/> Expiring Guarantee Number : <input type="text"/> New Expiry Date: <input type="text"/>	Existing Guarantee Number : <input type="text"/> For Extension, please indicate; i) New Expiry Date (dd/mm/yyyy) <input type="text"/> For Amendment, please indicate; i) Claim Period* (No. of days after expiry date) <input type="text"/> days ii) Other amendments (if any, please specify) : <input type="text"/> <input type="text"/> <input type="text"/>

Please enclose supporting documents

\*If left blank, Best Capital has the right to impose 14 days (or such other number of days as per Best Capital standard format) from the expiry date.

**6. Collection Instructions**

I/We hereby authorise  I.C./Passport No.

to collect the above mentioned guarantee on my/our behalf for delivery to the beneficiary.

Please contact us for self collection.

Please courier directly to Beneficiary.

Please issue this BG and send by authenticated SWIFT to advising bank for delivery to Beneficiary and furnish us a copy.

Others, if any

(please specify) :

**7. Special Conditions**

Please issue the Bank Guarantee/Counter Guarantee in Best Capital standard format.

Please issue the Bank Guarantee/Counter Guarantee in the format attached to this application (if approved by Best

Capital). Others, if any

(please specify):

**8. Instructions on Bank Charges**

We authorise you to debit our bank account number:

with you all amounts payable by us in connection to the Trade Service provided by you to us, including but not limited to fees, charges, expenses, commission and any principal interest.

**9. Applicant's Authorisation and Declaration**

- a) We request that you provide the relevant Bank Guarantee / Counter Guarantee services (the "Trade Service") in accordance with our instructions requested above.
- b) We agree to be bound by the Standard Terms and Conditions, the General Trade Terms and any applicable Country Supplement, Service Supplement and agreement as you may provide to us (or as agreed between us) from time to time.
- c) The terms and conditions of this Trade Service shall be governed by and construed in accordance with the laws of
- d) Any term defined in the Standard Terms and Condition and General Trade Terms shall have the same meaning set out in this Application Form.

**10. Authorised Signatory/ies (Complete with Company Stamp, wherever applicable)**