



Baltic International Bank

## APPLICATION FOR A DOCUMENTARY COLLECTION Baltic International Bank SE

### 1. CUSTOMER'S / DRAWER'S DETAILS

Client

*(given and family name, personal ID number, date of birth – for private person/ business name, registration number – for legal person)*

Account No.

Address

Contact person

Telephone

E-mail

Private Banker

### 2. DRAWEE'S / PAYER'S DETAILS

Beneficiary

*(given and family name – for private person/ business name – for legal person)*

Registered office

Registration number

*(registration number or date of registration, registration authority/ personal ID number, date of birth, identification data)*

Beneficiary's bank

*(name)*

*(SWIFT or telex number)*

*(address)*

### 3. COLLECTING BANK

Name

SWIFT or telex number

Address

Contact person

Telephone

### 4. COLLECTION TERMS AND CONDITIONS

Against payment at sight

*(currency)*

*(amount in figures)*

*(amount in words)*

Against acceptance

*(currency)*

*(amount in figures)*

*(amount in words)*

Payment deadline

### 5. OTHER INSTRUCTIONS

Description of goods or services (brand name, quantity, price, number and date of the agreement)

**6. COLLECTION DOCUMENTS**

<input type="checkbox"/> Bill of Exchange	<input type="checkbox"/> The original for the amount	<input type="text"/> Currency code	(amount in figures)
<input type="checkbox"/> Invoice	<input type="text"/> Original(s)	<input type="text"/> Copy(ies)	(Others, please specify the name of the document and the total number of the originals and copies)
<input type="checkbox"/> Shipping documents			<input type="text"/> Original(s) <input type="text"/> Copy(ies) (Please specify the name of the document and the total number of the originals and copies)
<input type="checkbox"/> Insurance Policy/Certificate	<input type="text"/> Original(s)	<input type="text"/> Copy(ies)	(Others, please specify the name of the document and the total number of the originals and copies)
<input type="checkbox"/> Certificate of Origin	<input type="text"/> Original(s)	<input type="text"/> Copy(ies)	(Others, please specify the name of the document and the total number of the originals and copies)
<input type="checkbox"/> Certificate of Quality	<input type="text"/> Original(s)	<input type="text"/> Copy(ies)	(Others, please specify the name of the document and the total number of the originals and copies)
<input type="checkbox"/> Certificate of Weight	<input type="text"/> Original(s)	<input type="text"/> Copy(ies)	(Others, please specify the name of the document and the total number of the originals and copies)
<input type="checkbox"/> Packing List	<input type="text"/> Original(s)	<input type="text"/> Copy(ies)	(Others, please specify the name of the document and the total number of the originals and copies)

**7. CHARGES**

Baltic International Bank SE charges will be borne by  
 Customer/Drawer  Drawee/Payer

Collecting bank's charges will be borne by  
 Customer/Drawer  Drawee/Payer

Third-party bank's charges will be borne by  
 Customer/Drawer  Drawee/Payer

Please credit the remitted sums of money to our account denominated in  
 Currency  Account №

To repay expenses and fees, please debit our current account denominated in  
 Currency  Account №

If the payer refuses to reimburse expenses pay according to the terms of the collection order, we hereby authorise and empower Baltic International Bank SE to deduct all sums owed from our current account denominated in  
 Currency  Account №

We request you to process the Documentary Collection order in accordance with the above instructions.

This Documentary Collection will be subject to the „Uniform Rules of Collections”, 1995 Revision, publication No.522 of the International Chamber of Commerce, and the below mentioned provisions of the Documentary Collection, which we have familiarised ourselves with. We confirm that we have thoroughly read the current [General Terms and Conditions for Transactions](#) and the [General Price list](#), understand them and agree to be bound by them.

By signing this Application, the Client confirms that all the information submitted in the Application is true and correct and undertake to give, without undue delay, Baltic International Bank SE (the Bank) a written notice of any changes to the information previously provided. Under the law of the Republic of Latvia, the applicant may be held criminally liable for submission of false information.

By signing the Application, the Client authorises Bank's representatives to fact-check the Application and obtain additional information if necessary. The Client is aware that the processing of the data referred to in this document is primarily intended to get the service, whereas any additional data processing requirements and the matters related to it are governed by the Data Processing Principles. More detailed information on personal data processing is available at the Bank in person or on the Bank's website [www.bib.eu](http://www.bib.eu).

The Client is aware that the Bank under the statutory obligation or for exercising its legitimate interests, is entitled to provide information to the Bank of Latvia and the State Revenue Service, and obtain information therefrom in cases and in the manner laid down by the Credit Registry Rules. The Credit Registry Rules are available on the Bank of Latvia website [www.bank.lv](http://www.bank.lv).

We confirm that we have received all necessary consent from the persons referred to in this document for the transferring of their data to the Bank for the purpose of ascertaining whether the service will be provided or not, and in case of a favourable decision, to enter into and perform the agreement. Baltic International Bank SE is not obliged to explain the reasons if the Bank decides to refuse the provision of the service.

Date ( DD / MM / YYYY )

Client's full name and signature

SECURITY PROVIDER

Date ( DD / MM / YYYY )

Security Provider's full name and signature

**Stamp**