

Letters of Credit Department (904)  
 PO Box 362708  
 San Juan, PR 00936-2708  
 Swift Address: BPPRPRSX  
 Tel. (787) 751-9800 Ext. 313187 Fax (787) 281-4158

Letter of Credit Department (904)      Loan ID. \_\_\_\_\_  
 Señorial Center  
 Ave. Lomas Verdes, PR177 Int. PR52  
 San Juan, PR 00926

Unit \_\_\_\_\_ Mailing Code \_\_\_\_\_ Cost Center \_\_\_\_\_ Application Date \_\_\_\_\_

Employer Tax ID \_\_\_\_\_ Account Number \_\_\_\_\_ Unit Contact Person / Extension No. \_\_\_\_\_

We request Banco Popular de Puerto Rico (the "Bank") to issue on our behalf, for our account, and at our risk an Irrevocable Documentary Letter of Credit in accordance with the instructions below (marked [X] where appropriate), subject to the most recent version of the Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce, insofar as applicable, and the Master Letter of Credit Agreement previously delivered to the Bank the provisions of which are incorporated by reference.

<b>Applicant Name</b>  <b>Physical Address</b>    <b>Telephone</b>  <b>Email Address</b>	<b>Beneficiary Name</b> <b>Physical Address</b>  <b>Telephone</b> <b>Email Address</b>  <b>Beneficiary Advising Bank (If any)</b> <b>Physical Address</b>
<b>Amount in figures and words</b> (Use ISO Currency Code)	<b>Shipment</b> (as defined in UCP 600 Article 3) <b>From</b>  <b>For transportation to</b> <b>Latest date of shipment</b>
<b>Credit available with Nominated Bank</b> <input type="checkbox"/> by payment at sight <input type="checkbox"/> by deferred payment at _____ <input type="checkbox"/> by acceptance of drafts at _____ <input type="checkbox"/> by negotiation: for 100% or _____ Commercial Invoice Value	<b>Expiry Date and Place for Presentation of Documents</b> <b>Expiry Date</b>  <b>Place for presentation</b>
<input type="checkbox"/> issue by (air) mail <input type="checkbox"/> issue by courier <input type="checkbox"/> issue by teletransmission (see UCP 600 Article 11)	Partial shipments <input type="checkbox"/> allowed <input type="checkbox"/> not allowed Transshipments <input type="checkbox"/> allowed <input type="checkbox"/> not allowed Refer to UCP 600 transport Articles for exceptions.
<b>Type of Credit</b> <input type="checkbox"/> Transferable Credit (as per UCP 600 Article 38)	<b>Shipping Terms</b> (as per ICC Incoterms 2010) <input type="checkbox"/> EXW <input type="checkbox"/> CIP <input type="checkbox"/> DDP <input type="checkbox"/> CFR <input type="checkbox"/> FCA <input type="checkbox"/> DAT <input type="checkbox"/> FAS <input type="checkbox"/> CIF <input type="checkbox"/> CPT <input type="checkbox"/> DAP <input type="checkbox"/> FOB
<b>Confirmation of the Credit</b> <input type="checkbox"/> requested <input type="checkbox"/> not requested	

Document to be presented within \_\_\_\_\_ days after the date of shipment but within the validity of the Credit.

All banking charges other than issuing bank charges are for     Beneficiary     Applicant

**Goods** (Brief description of merchandise without excessive details): \_\_\_\_\_

**Documents Required**

Beneficiary's draft(s) drawn on: \_\_\_\_\_                       Commercial invoice     signed, original and \_\_\_\_\_ copies

**Transport Document**

Multimodal Transport Document, covering at least two different modes of transport  
 Marine / Ocean Bill of Lading covering a port-to-port shipment  
 Air Waybill, original for the consignor  
 Delivery receipt duly signed by \_\_\_\_\_  
 Other transport documents \_\_\_\_\_

to the order of BPPR for Account of \_\_\_\_\_  
 Endorsed in blank  
 Marked freight:             Prepaid             Collect  
 Notify \_\_\_\_\_

**Certificates or Other Documents**

Origin     Health     Analysis     Inspection     Packing List     Weight List     PR or US Agency Approval     Other: \_\_\_\_\_

**Insurance** To be effected by:

Applicant  
      through Popular Insurance Ocean Cargo Policy Program                       through applicant's own agent:  
     Policy or Certificate No. \_\_\_\_\_    Insurance Company \_\_\_\_\_  
 I authorize you to provide the above information to Popular Insurance for the purpose of determining premiums and to issue certificate of insurance.  
 to be obtained by Beneficiary  
 Declaration under an open cover. Covering the following risks: All risks and war, riots, civil commotions and strikes for \_\_\_\_\_% or 110% CIF Value.

**Special Instructions:** \_\_\_\_\_

We confirm the information above and acknowledge receipt of copy of the "International Services Cost" disclosure applicable to this transaction.

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_ Bank Officer Name \_\_\_\_\_ Signature \_\_\_\_\_