

Documentary Collection Presentation Schedule



Date ____/____/____

NBK Bill Reference No (Bank use only)	
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To: The Manager,
 The National Bank of Kuwait S.A.K.P. - Bahrain Branch
 Trade Finance Department,
 Tel: +973 17155555 – Fax: +973 17104860
 P.O. Box:5290 Manama - Bahrain
 Website: www.nbk.com

Please find enclosed documents for Collection. You are kindly requested to deliver them according to the instructions specified in this schedule:

Principal (Drawer) [Name & Full Address]: Telephone:	Drawee (Name & Full Address): Telephone:
Amount & Currency (In figures & words):	Collecting Bank (Name & Full Address): SWIFT Code: Telephone Number:

Terms of Delivery of Documents:

Documents against Payment – D/P

Documents against Acceptance – D/A (____/____/____)

<p>Charges:</p> <p>1. Collect your charges from <input type="checkbox"/> Our A/C <input type="checkbox"/> Drawee</p> <p>2. Collecting Bank charges are for <input type="checkbox"/> Our a/c <input type="checkbox"/> Drawee</p> <p>If charges refused: <input type="checkbox"/> Waive <input type="checkbox"/> Do not waive</p>	<p>Interest:</p> <p>Collect Interest @ _____ % p.a. from Drawee</p> <p>From date of _____ until date of _____</p> <p>If interest refused: <input type="checkbox"/> Waive <input type="checkbox"/> Do not waive</p>
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<p>Protest:</p> <p>In the event of non-acceptance and/or non-payment</p> <p>Protest <input type="checkbox"/> Do not protest <input type="checkbox"/></p>	<p>Aval is required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other instructions:</p>
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- Detailed description of goods supplied: _____
- End usage of goods: _____
- Country of Origin: _____

Documents	Original	Copy(ies)	Documents	Original	Copy(ies)
Drafts			Insurance Policy/Certificate		
Commercial Invoice			Certificate of Origin		
Customs Invoice			Export License		
Weight Certificate			Beneficiary Certificate		
Packing List			Shipment Advice		
Inspection Certificate			GSP Form A		
Bill of Lading			Others:		
Airway Bill			Forwarders Cargo Receipt		
Non-negotiable Bill of Lading			Customs Certificate		

Upon receipt of Collection proceeds:

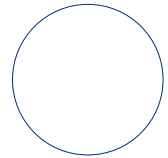
<input type="checkbox"/>	Please credit the proceeds to our A/C number _____ less your commissions/charges if any.
<input type="checkbox"/>	Please remit the proceeds to our A/C number _____ with _____ bank less your commissions/ charges if any.

This collection is subject to the Uniform Rules for Collections issued by the International Chamber of Commerce Publication no. 522 (URC 522) or any other revised version currently in force.

We acknowledge that all information in the application are correct and we are legally obliged to immediately update the bank if there is any changes to the information provided.

Signed for and on behalf of the Customer (Drawer):

Authorized Signatories



Signature Verified

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