

## Documentary Credit (DC) Bill Presentation/Negotiation Instruction



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 - Kingdom of Bahrain  
www.nbk.com

Date:  
□□□□□□□□

**NBK Bill Reference No (Bank use only)**

**Please find enclosed documents for Presentation/Negotiation.**

Beneficiary [Name & Full Address]:  Telephone:	Applicant [Name & Full Address]:  Telephone:
DC NO.:	DC Issuing Bank [Name & Full Address]:
DC Currency & Amount:	SWIFT Code: Telephone Number:
Beneficiary reference no.:	Presentation Currency & Amount: [In figures & words]:
Invoice no.:	

- Detailed description of goods supplied: \_\_\_\_\_
- End usage of goods: \_\_\_\_\_
- Country of Origin: \_\_\_\_\_

**You are kindly requested to (tick the relevant box):**

- Please forward the above documents to the Issuing Bank on "Approval Basis" and upon receipt of funds, credit the proceeds to our Account No. \_\_\_\_\_
- Please check the above documents. If documents are in order certify compliance and upon receipt of funds, credit the proceeds to our Account No. \_\_\_\_\_
- Please check the above documents. In case of any discrepancies, forward the documents to Issuing Bank on "Approval Basis" and upon receipt of funds, credit the proceeds to our Account No. \_\_\_\_\_
- Please discount the documents upon acceptance and remit/credit the proceeds as per our above Instructions.
- Other Instructions: \_\_\_\_\_

**Details of documents as listed below:**

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		

**Documentary Credit (DC) Bill Presentation/Negotiation Instruction**



Contact Person: _____	Contact Telephone no.: _____
Contact Email: _____	Fax No.: _____

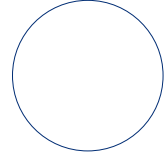
**We acknowledge that all information in the application are correct and we are legally obliged to immediately update the bank if there is any changes to the information provided.**

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

\_\_\_\_\_

Authorised Signatory

\_\_\_\_\_



Signature Verified

National Bank of Kuwait S.A.K.P – Bahrain Branch  
Tel: +973 17155555 - Fax: +973 17104860  
P.O. Box: 5290 Manama – Kingdom of Bahrain  
www.nbk.com