

CUSTOMER'S /DRAWER'S DETAILS

Customer (business name, the company registration number)

Account No.

Registered Office

Contact person

Telephone

E-mail

Fax

Private Banker

DRAWEE'S/PAYER'S DETAILS

Drawee

Account No.

Address

COLLECTING BANK

Collecting bank

Name	<input type="text"/>	SWIFT or telex number	<input type="text"/>
Address	<input type="text"/>		
Contact person	<input type="text"/>	Telephone	<input type="text"/>

COLLECTION TERMS AND CONDITIONS

To present collection documents

against payment at sight

Currency Amount in figures

Amount in words

against accept

Currency Amount in figures

Amount in words

Payment deadline

OTHER INSTRUCTIONS

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

COLLECTION DOCUMENTS

Documents submitted for collection of payment

<input type="checkbox"/> Bill of Exchange	<input type="checkbox"/> the original for the amount	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> Invoice	<input type="checkbox"/> original/s	<input type="checkbox"/> copy/ies				
<input type="checkbox"/> Shipping documents	(Type of documents)	<input type="text"/>	<input type="checkbox"/> original/s	<input type="checkbox"/> copy/ies		
<input type="checkbox"/> Insurance Policy/Certificate	<input type="checkbox"/> original/s	<input type="checkbox"/> copy/ies	<input type="text"/>			
<small>(Others, please specify the name of the document and the total number of the originals and copies)</small>						
<input type="checkbox"/> Certificate of Origin:	<input type="checkbox"/> original/s	<input type="checkbox"/> copy/ies	<input type="text"/>			
<small>(Others, please specify the name of the document and the total number of the originals and copies)</small>						
<input type="checkbox"/> Certificate of Quality:	<input type="checkbox"/> original/s	<input type="checkbox"/> copy/ies	<input type="text"/>			
<small>(Others, please specify the name of the document and the total number of the originals and copies)</small>						
<input type="checkbox"/> Certificate of Weight:	<input type="checkbox"/> original/s	<input type="checkbox"/> copy/ies	<input type="text"/>			
<small>(Others, please specify the name of the document and the total number of the originals and copies)</small>						
<input type="checkbox"/> Packing List:	<input type="checkbox"/> original/s	<input type="checkbox"/> copy/ies	<input type="text"/>			
<small>(Others, please specify the name of the document and the total number of the originals and copies)</small>						

CHARGES

JSC "Baltic International Bank" charges will be borne by

Customer/Drawer Drawee/Payer

Third-party bank's charges will be borne by

Customer/Drawer Drawee/Payer

Collecting bank's charges will be borne by

Customer/Drawer Drawee/Payer

Please credit the remitted sums of money to our account denominated in

Currency

To repay expenses and fees, please debit our current account denominated in

Currency

If the payer refuses to reimburse expenses pay according to the terms of the collection order, we hereby authorise and empower JSC Baltic International Bank to deduct all sums owed from our current account denominated in

Currency

ACKNOWLEDGEMENT

I hereby acknowledge as follows: I am aware that the Bank is obligated to submit the information about my credit behaviour to and obtain such information from the Bank of Latvia's Credit Registry in the cases stipulated by the Credit Registry Rules. I am also aware that relevant personal information contained in the Registry may be requested by and released to the respective persons (both natural and legal). The Credit Registry Rules are available on the Bank of Latvia's website www.bank.lv.

I hereby acknowledge that I have read the "General Terms and Conditions of Transactions" of JSC Baltic International Bank and agree to be bound by them.

Customer's signature <input style="width: 90%;" type="text"/>		Date	<table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table>	D	D	M	M	Y	Y	Y	Y									S.P.
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Full name signature <input style="width: 90%;" type="text"/>																				

TO BE FILLED OUT BY THE BANK

Bank officer's signature <input style="width: 90%;" type="text"/>		Date	<table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table>	D	D	M	M	Y	Y	Y	Y									
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