



e. Unit Price	
f. Insurance	

D. Other Instructions

- Please substitute the name of the Applicant with our name and also request you to intimate the Second Beneficiary that the invoice should be in our name
- Other Instructions, if any \_\_\_\_\_

We hereby expressly acknowledge and confirm that this request and all obligations arising out of it are subject to the Facility Letter dated [\_\_\_\_\_] and the General Commercial Agreement dated [\_\_\_\_\_] which we have signed and whose terms and conditions are incorporated herein.

Please notify us once the LC is transferred as per this request. We hereby enclose the original LC for due endorsements and transfer.

Regards,

For M/s.

Authorized Signatory