



Maybank

Export Collection Bill Application Form

Date: 02/06/2026

| | |
|--|-----------------------------------|
| <input type="checkbox"/> PURCHASE/DISCOUNT/NEGOTIATE subject to final payment. | <input type="checkbox"/> COLLECT. |
|--|-----------------------------------|

Proceeds to be credited to our SGD Account No. _____ ACU Account No. _____

| | | | | | |
|----------------------------|----------------------|----------------------------|----------------------|----------------------------|----------------------|
| Section 1 | | | | | |
| Our Reference No. | | Drawees | | | |
| Term | | Address | | | |
| Bill Amount | | | | | |
| Documents Attached: | No. of Copies | Documents Attached: | No. of Copies | Documents Attached: | No. of Copies |
| Draft | | Bill of Lading | | Commercial Invoice | |
| Insurance Certificate | | Certification of Origin | | Packing List | |
| Others: | | Others: | | Others: | |

COVERING:

| | |
|---|--|
| <p>INSTRUCTIONS</p> <p><input checked="" type="checkbox"/> Deliver documents against _____</p> <p><input checked="" type="checkbox"/> Advise _____ by _____, giving reasons.</p> <p><input checked="" type="checkbox"/> Please send original documents by _____</p> <p><input checked="" type="checkbox"/> When collected, please instruct your correspondent to remit proceeds by _____</p> <p><input type="checkbox"/> For term bills advise due date.</p> <p><input type="checkbox"/> In case of dishonour or for any reason if it is considered necessary, please warehouse and insure respective goods. All charges to be for our account.</p> <p><input type="checkbox"/> Collect interest at _____ % p.a. from _____ to _____</p> | <p><input type="checkbox"/> Your charges are for our account. Collecting banks charges are for drawees account.</p> <p><input type="checkbox"/> Your charges and collecting banks charges are for _____ <input type="checkbox"/> Drawees Account <input type="checkbox"/> Our account.</p> <p><input type="checkbox"/> _____ may be deferred pending arrival of vessel carrying goods.</p> <p><input type="checkbox"/> Protest for _____ .</p> <p><input type="checkbox"/> The COF rate is applicable for the full period of _ days from date financing.</p> <p><input type="checkbox"/> Others: _____</p> |
|---|--|

Please utilise against Forward Contract No: _____ Date // for _____

It is understood and agreed that having exercised reasonable care in the selection of any correspondent to whom the above-mentioned documents may be sent for collection you shall not be responsible for any act, omission, default, suspension, insolvency or bankruptcy of any such correspondent or sub-agent thereof, or for any delay in remittance, loss in exchange or of any of the above-mentioned documents or its proceeds during transmission, or in the course of collection. Until such time as actual payment shall have been received by you, we agree and undertake to reimburse you for any advance made in anticipation of collection as well as all disbursements made in your effort to effect the same. We further undertake to pay your collection charges if the same are not paid by the drawee. We agree and hereby undertake to repay or hold you harmless and fully indemnify you on demand the amount which you have paid us together with all costs and charges which you may have incurred, if payment is not made to you by the drawee for any reasons whatsoever, including but not limited to any discrepancies in the documents. We further agree that you shall assume no responsibility for the authenticity or genuineness of documents delivered to you, nor for the quantity, quality, condition, genuineness, identity, title or delivery of the goods to which the documents relate.

Please present documents through the collecting bank:

| | |
|---|--|
| Drawee's banker & Address | |
| | |
| _____ | |
| Authorised signatory(ies) and Co.'s stamp | |

This Collection is subject to the Uniform Rules for Collection, ICC Publication No. 522
(Note: Please submit all copies of this form)

| | | |
|--|----------|--|
| Section 2 - For Bank's Use only | | |
| Bank Reference No. | Date E.P | |
| Initials: | | |



Maybank

Export Collection Bill Application Form

Date: 02/06/2026

| | |
|--|-----------------------------------|
| <input type="checkbox"/> PURCHASE/DISCOUNT/NEGOTIATE subject to final payment. | <input type="checkbox"/> COLLECT. |
|--|-----------------------------------|

Proceeds to be credited to our SGD Account No. _____ ACU Account No. _____

| | | | | | |
|----------------------------|----------------------|----------------------------|----------------------|----------------------------|----------------------|
| Section 1 | | | | | |
| Our Reference No. | | Drawees | | | |
| Term | | Address | | | |
| Bill Amount | | | | | |
| Documents Attached: | No. of Copies | Documents Attached: | No. of Copies | Documents Attached: | No. of Copies |
| Draft | | Bill of Lading | | Commercial Invoice | |
| Insurance Certificate | | Certification of Origin | | Packing List | |
| Others: | | Others: | | Others: | |

COVERING:

| | |
|---|--|
| <p>INSTRUCTIONS</p> <p><input checked="" type="checkbox"/> Deliver documents against _____</p> <p><input checked="" type="checkbox"/> Advise _____ by _____, giving reasons.</p> <p><input checked="" type="checkbox"/> Please send original documents by _____</p> <p><input checked="" type="checkbox"/> When collected, please instruct your correspondent to remit proceeds by _____</p> <p><input type="checkbox"/> For term bills advise due date.</p> <p><input type="checkbox"/> In case of dishonour or for any reason if it is considered necessary, please warehouse and insure respective goods. All charges to be for our account.</p> <p><input type="checkbox"/> Collect interest at _____ % p.a. from _____ to _____</p> | <p><input type="checkbox"/> Your charges are for our account. Collecting banks charges are for drawees account.</p> <p><input type="checkbox"/> Your charges and collecting banks charges are for _____ <input type="checkbox"/> Drawees Account <input type="checkbox"/> Our account.</p> <p><input type="checkbox"/> _____ may be deferred pending arrival of vessel carrying goods.</p> <p><input type="checkbox"/> Protest for _____ .</p> <p><input type="checkbox"/> The COF rate is applicable for the full period of _ days from date financing.</p> <p><input type="checkbox"/> Others: _____</p> |
|---|--|

Please utilise against Forward Contract No: _____ Date // for _____

It is understood and agreed that having exercised reasonable care in the selection of any correspondent to whom the above-mentioned documents may be sent for collection you shall not be responsible for any act, omission, default, suspension, insolvency or bankruptcy of any such correspondent or sub-agent thereof, or for any delay in remittance, loss in exchange or of any of the above-mentioned documents or its proceeds during transmission, or in the course of collection. Until such time as actual payment shall have been received by you, we agree and undertake to reimburse you for any advance made in anticipation of collection as well as all disbursements made in your effort to effect the same. We further undertake to pay your collection charges if the same are not paid by the drawee. We agree and hereby undertake to repay or hold you harmless and fully indemnify you on demand the amount which you have paid us together with all costs and charges which you may have incurred, if payment is not made to you by the drawee for any reasons whatsoever, including but not limited to any discrepancies in the documents. We further agree that you shall assume no responsibility for the authenticity or genuineness of documents delivered to you, nor for the quantity, quality, condition, genuineness, identity, title or delivery of the goods to which the documents relate.

Please present documents through the collecting bank:

| | |
|---|--|
| Drawee's banker & Address | |
| | |
| _____ | |
| Authorised signatory(ies) and Co.'s stamp | |

This Collection is subject to the Uniform Rules for Collection, ICC Publication No. 522
(Note: Please submit all copies of this form)

| | | |
|--|----------|--|
| Section 2 - For Bank's Use only | | |
| Bank Reference No. | Date E.P | |
| Initials: | | |