



البنك العربي المتحد  
UNITED ARAB BANK

## APPLICATION FOR FULL TRANSFER OF DOCUMENTARY CREDIT

To United Arab Bank  
Trade Finance Operations  
P.O. Box 25022, Sharjah

Date 

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### Transfer Details

Documentary Credit No (D/C) \_\_\_\_\_

Amount: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

### Transfer Instruction/Undertaking for Full Transfer of Documentary Credit (DC)

We the beneficiary of the above DC hereby irrevocably instruct you, subject to the terms and conditions specified in the original DC and at the Bank's sole discretion, to transfer the DC to:

(Transferees' Name and Address) \_\_\_\_\_

By  Full SWIFT  Courier

Through (advising bank) \_\_\_\_\_

all my/our rights, title, interest and benefits to and in the DC (including the right to draw the DC in the name of the transferee). You may remit the documents which you receive from the transferee direct to the Issuing Bank or the Confirming Bank (if any) without further reference to me/ us.

We  shall retain our right to advise future amendment(s) to the transferee

shall not retain our right to advise future amendments(s) to the transferee and authorize you to advise any future amendment(s) to the transferee without any reference to us.

The original instrument of the DC is returned herewith along with amendments (if any) made thereto up to this date. I/We request you to notify the transferee in such form, as you deem appropriate of this transfer of the DC and of the terms and conditions of the DC as transferred.

I/We agree to indemnify you in respect of all loss, damage and expense (including legal fees) of any kind which may be incurred as a direct or indirect result of your acting on these instructions and also agree to pay you in full on your first demand for any such loss, damage or expense.

The transfer of the DC under this Application shall be subject to uniform customs and practice for documentary credit (2007 Revision) International Chamber of Commerce Publication No. 600. The terms used in this application and the transferred DC shall have the same meaning as set out in UCP 600 the provisions of which we have read and understood.



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Mark X where appropriate

- We enclose our cheque for AED \_\_\_\_\_ in respect of your transfer commission and agree to pay you on your first demand any expenses, fees, cost. etc. (Charges) in connection with the transfer and acknowledge that you have no obligation to effect the transfer until such charges are paid.
- Please debit our account number \_\_\_\_\_ in settlement of your transfer commission and any other charges in respect of this transfer.
- Please collect your transfer commission plus all other charges in respect of this transfer from the transferee.

### Undertaking

In consideration of United Arab Bank agreeing to transfer the above Documentary Credit as set forth in the attached application in favour of \_\_\_\_\_ I/We do hereby acknowledge that the principal Documentary Credit contains certain clauses that may result in the disclosure of information relating to the underlying transaction including but not limited to the identity of the involved parties and our profit margin to the supplier and the buyer .

It is understood and agreed that it is UAB's policy to comply with all relevant laws and regulations, including anti-terrorism, anti-money laundering and sanction laws and regulations including, without limitation, those sanctions and directives issued by the European Union, the United Nations, the Government of the United States of America and the US Office of Foreign Asset Control and the UAE Central Bank or any other restrictive measures. Therefore, you will not be responsible nor liable to any party if you refuse to handle a transaction that may be in breach of any applicable sanctions, laws or regulations. Further, we hereby undertake to indemnify you and hold you harmless from and against any claim arising as a result of such refusal.

I/We the undersigned do hereby undertake and confirm that we shall not hold United Arab Bank responsible for any consequences arising out of such disclosures.

Authorized Signatory \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No. \_\_\_\_\_