

# LETTER OF CREDIT COMPLIANCE QUESTIONNAIRE

Please complete this questionnaire. The answers will help us to assemble a simple visual plan so we can assist you in structuring your Letter of Credit properly.

All answers will be held in the strictest of confidence. We are required to have this information according to certain AML (Anti Money Laundering) regulations.

1. What is the name of the company that is applying for the LC?
  
2. What is the contact information for the applicant company?
  - (a) Name:
  - (b) Telephone Number:
  - (c) Email:
  - (d) Website (if no website then please provide a brief company profile):
  
3. What is the name of the CFP representative or agent that you are working with?
  
4. Do you want the instrument for immediate opening or for long term planning?
  
5. Total amount of transaction?
  
6. What are the goods?
  
7. Where are the goods coming from (city, country)?
  
8. Are you buying these goods from the manufacturer or from a trading company?
  
9. Where are the goods being shipped to (city, country)?
  
10. Have you traded or done business with this product before?
  - (a) Same supplier or different supplier?
  - (b) When did you conduct this trade?
  - (c) Where did the goods come from?
  - (d) Where did they go (city, country)?
  
11. Is the price of the product within normal range of market prices as far as you know?

12. What will you do with the goods once you have purchased them (please circle one):
- (a) Immediately resell them in the same packaging and form that they are in.
  - (b) We will need to take them into a warehouse and then resell them in smaller quantities.
  - (c) We will sell them retail.
  - (d) These are raw materials that we will use in our production line.
  - (e) Other (please specify).
13. If the goods are presold, please forward a copy of the Purchase Order from your end buyer and your Pro-Forma Invoice to your end buyer. Please also provide the below requested information.
- (a) End buyer company name:
  - (b) End buyer contact info:
  - (c) Name:
  - (d) Telephone Number:
  - (e) Email:
  - (f) Website (if no website then please provide a brief company profile):
14. Have you ever done business with this buyer before?
- (a) When?
  - (b) What was the nature of the transaction?
15. What is the expected length of time from the moment the LC is issued until the goods ship?
16. What is the expected shipping period?
17. Will there be more transactions if this one is successful?
18. Do you want partial shipments in this transaction?
19. Beneficiary Company name (as it should appear on the Letter of Credit):
20. Contact at Beneficiary Company:
- (a) Name:
  - (b) Telephone Number:
  - (c) Email:
  - (d) Website (if no website then please provide a brief beneficiary profile):

21. How long has the beneficiary been in business (approximate number of years)?

22. Has the applicant ever done business with the beneficiary? If so, when?

For any questions which you may have regarding your trade or any restrictions of that trade which may exist, please see the Q & A below or access the website <http://www.state.gov/e/eeb/cba/178.htm>

**Q. Currently, what countries have sanctions placed on them by the U.S. Government?**

A. The Office of Foreign Asset Controls of the Department of Treasury provides information about sanctions regulations and maintains a list of individual entities with which U.S. parties cannot do business.

**Q. What federal agencies are involved in export controls and over what products?**

A. The Bureau of Export Administration (BXA) of the Department of Commerce provides links to federal agencies with export control responsibilities.

**Q. What if I need additional information on which Federal agency has export controls/licensing authority over my product?**

A. Go to the Bureau of Export Administration's General Information facts web page.

**Q. What is a Commodity Jurisdiction request?**

A. Go to the Commodity Jurisdiction request facts web page.

**Q. What are dual-use exports and who is the licensing agent?**

A. Dual-use exports are those materials or equipment which are defense-related, involving sensitive (e.g. Military or nuclear) or non-sensitive applications, such as computers, weapons, licensing of defense services and defense (munitions) articles.

**By (Name):** .....

**Signature:** .....

**Position:** .....

# GENERAL INFORMATION FORM

1. **Current Company Name:**

Please include a copy of the Certificate of Incorporation when sending this form. If the company name has changed since incorporation, please include a copy of the name change certificate in addition to the original Certificate of Incorporation.

If there is no Certificate of Incorporation for your type of business (i.e. UK Sole Trader) please provide proof that you are licensed to conduct business in your country.

2. **Company Registration Number:**

3. **Number of Employees:**

4. **Is the company a partnership?**

**Name of Principals?**

*Please provide a copy of the Partnership Agreement.*

5. **Is business ever conducted under another name (i.e. A brand name or DBA)?**

**If so, what is it?**

**Has it been registered in an official manner?**

*If so, please provide proof of registration.*

6. **Date the company was established:**

**If the company name was changed, date of name change:**

7. **Main contact person at the company:**

8. **Office Telephone (including area dialling code):**

**Office Fax (including area dialling code):**

**Mobile Telephone for main contact person:**

9. **Official Company Address (Please include street address, city, postal code and Country. If there is additional information included in the country where your company is incorporated please include this). We cannot accept a PO box as the official company address. Please provide a physical address:**

**Additional Company offices. Please specify address type (i.e. Mailing address, trading address etc.):**

**10. What are the main areas of the Company's business (i.e. Construction, Retail, Import, Export etc.)?**

**Shareholders. If company Directors or Officers are separate from Shareholders, please provide a copy of a separate list of Directors/Officers with name, title, home address, private phone number and ID number.**

**11. Majority Shareholder**

Title:

Name:

Home address:

Private Phone Number:

Percentage of Company owned:

Social Security or National ID Number:

**12. Additional Shareholder**

Title:

Name:

Home address:

Private Phone Number:

Percentage of Company owned:

Social Security or National ID Number:

**13. Additional Shareholder**

Title:

Name:

Home address:

Private Phone Number:

Percentage of Company owned:

Social Security or National ID Number:

**14. Additional Shareholder**

Title:

Name:

Home address:

Private Phone Number:

Percentage of Company owned:

Social Security or National ID Number:

**Support Information**

15. Accountancy Firm Name:

Firm's Address:

Firm's Telephone Number:

Name of Accountant or Accountants who handle the account:

16. Law Firm Name:

Firm's Address:

Firm's Telephone Number:

Name of Lawyer or Lawyers who handle the account:

17. Name of Bank:

Complete Bank's address: Please include street address, city, postal code and Country. If there is additional information included in the country where your company is incorporated please include this.

Account Number:

Number of Years that account has been held:

Bank Officer Name:

Phone Number:

**18. Business Loan Account**

Name of Financial Institution:

Complete Address:

Type and amount of loan:

**19. Principle Suppliers**

Company Name	Address	Contact Name	Email	Phone Number
{1}				
{2}				

**20. Principal Customers/Clients**

Company Name	Address	Contact Name	Email	Phone Number
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{1}

{2}

The statements made in this application are true and correct and we understand that you will rely on them in processing my application. In that connection, we authorize you and your designees to use any business or consumer reporting company or credit bureau to verify the foregoing and to obtain background information regarding my business and me and to disclose it to you in support of this application.

In connection with expenses you will be incurring through reviewing our application, enclosed is my the non-refundable application fee in the amount of .

I have been advised that after my written request made and within a reasonable time, I have the right to receive a complete and accurate report of the nature and scope of such procedures in accordance with section 606(b) of the Fair Credit Reporting Act.

Date:

Signed:

Name:

Title:

**AFFIX CORPORATE SEAL HERE**