

We hereby request Northern Bank Limited trading as Danske Bank to issue (1*) the following guarantee:

Type of Guarantee: ☐ Tender ☐ Performance ☐ Advance Payment ☐ Other	
In favour of: (name & address of beneficiary)	Amount: _____ Expiry date(2*): ____ / ____ / 20____ ☐ Without expiry date
Reason for no expiry date:	As security for:
In accordance with: (contract/invoice/order/offer)	

Liability under the guarantee:

☐ on demand (claims under the guarantee will be paid immediately without any objections)
☐ conditional (payment of claims under the guarantee will await an agreement)

The guarantee to be issued by:

☐ Danske Bank – by letter
☐ Danske Bank – by swift via correspondent bank (name and swift address of bank): _____
☐ Correspondent Bank (name and swift address of bank): _____

Guarantee format:

☐ Danske Bank standard format
☐ Same format as previously issued under guarantee reference Number: _____
☐ Draft enclosed

The guarantee is to be mailed to:

☐ us	☐ beneficiary	☐ third party: _____
☐ guarantee is to be sent by courier		

Other details/comments:	
Commission and charges may be debited to our account number: _____	
Contact person: _____	Phone number: _____

1*, 2* etc. see overleaf

Signature overleaf

Explanation

1* The date of issuance will be deemed to be the start date of the Guarantee.

2* Local laws and regulations in force in certain countries vary.

Although the expiry date of a Guarantee may be lapsed, the local laws in the beneficiary's country may fail to recognise this and hold that the Guarantee may be valid for claims beyond the expiry date.

Please issue for my/our account a Guarantee in accordance with the above instructions. I/We agree that you may debit my/our account with the amount of your charges and expenses in this connection together with your Agent's charges if any.

I/We acknowledge and agree that at any time during the subsistence of the Guarantee I/we shall on demand deposit with the Bank such amount as the Bank may require as collateral for the Bank's liability in respect or the Guarantee. Any amount so deposited may not be withdrawn by me/us without the Bank's express consent.

Signed on behalf of Applicant in accordance with the Counter Indemnity granted to the Bank.

Date _____

Authorised Signature

Authorised Signature

Company Name (Block Capitals)

Company Name (Block Capitals)

In order to process this transaction, personal information relating to individuals/companies named on this form may be provided to overseas authorities in order to comply with applicable legal obligations and prevent crime.

Please send the application to Danske Bank, Trade Finance, Donegall Square West, Belfast, BT1 6AX or email to: tradefinance@danskebank.co.uk.