

**APPLICATION FOR TRANSFER OF FUNDS TO THE BANK HANDLOWY W WARSZAWIE S.A.  
("BANK") IN ORDER TO ISSUE A PRE-PAID LETTER OF CREDIT**

Name, Surname (*Company name*)

.....

Address.....

.....

I / We<sup>1</sup> hereby authorize the Bank to transfer from my / our account<sup>1</sup> No.....held with the Bank, the amount of:

.....

..... in words ..... to the Bank's own account in order to issue a Pre-Paid Documentary Letter of Credit ("Product")

As of the moment my/our current account is charged, I/w consider that<sup>1</sup> I/we have paid<sup>1</sup> for the commercial (financial) documents which are to be submitted by the Beneficiary during the validity period of the L/C opened on the basis of my/our Application for a documentary Letter of Credit.

**or**

I/we will transfer<sup>1</sup> to the Bank's account no 70103015080000001100001701 (PLN) or 29103015080000001100001469 (USD) or 6710301508000000100023032 (EUR) or 0610301508000000100013266 (SEK) or 3110301508000000100013398 (CHF) or 4710301508000000100013401 (GBP)<sup>2</sup>, the amount.....(in words) ....., in order to transfer the amount to the Bank's own account and to issue a Pre-Paid Documentary Letter of Credit.

I/we<sup>1</sup> consider that the transferred to Bank's account a/m amount constitutes the payment for commercial (financial) documents to be submitted by the Beneficiary during the validity period of the Letter of Credit opened on the basis of my/our Application for a Documentary Letter of Credit.

I/We<sup>1</sup> hereby agree that the Bank may reject an Application for a Pre-Paid Documentary Letter of Credit in case there is no sufficient balance in the a.m. account indicated by myself/us, or in case of lack of transfer of sufficient amount to the a.m.account of the Bank.

If the payment for the Letter of Credit is not disbursed in full or part amount, the not utilized amount will be refunded to my/our<sup>1</sup> current account No. ....held with the Bank.

Funds transferred to the Bank are interest-free.

I/We<sup>1</sup>, hereby declare that the Bank will be discharged from any responsibility for any loss incurred by us due to proper servicing of Applications / Orders submitted by us, unless the loss was incurred due to a deliberate fault of the Bank.

The Bank shall not be obliged to reimburse the part of pre-paid amount equal to the amount unpaid when due or used to cover the Banks obligations in connection with the granted Product.

*This is governed by the MAST - Master Account and Service Terms which We have read and agree to.*

Date.....

.....  
/ Stamp, name and surname of authorized person(s)<sup>3</sup> and signature(s)

Conditions of this application are accepted by the Bank.

Date.....

.....  
Bank's seal and authorized signature

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*Filling guidelines*

- <sup>1</sup> Choose applicable
- <sup>2</sup> Choose one of accounts depends on currency – the rest please delete.
- <sup>3</sup> Signature(s) of authorized representatives - as per the National Court Register, unless a separate Power of Attorney has been provided