

To: **The Hongkong and Shanghai Banking Corporation Limited**

Office

Date	day / month / year

INSTRUCTIONS FOR PARTIAL TRANSFER OF CREDIT (Without Substitution of Invoices)

Note: Please tick where applicable.

Details of Credit to be Transferred	
Credit Number	Date
Established by	
For Account of	Amount
Advising Bank Name and Address	

Method of Advising Transferee		
Advise Transferee by		
<input type="radio"/> Full Teletransmission	<input type="radio"/> Courier	<input type="radio"/> Airmail
<input type="radio"/> Courier with Brief Teletransmission / <input type="radio"/> Airmail with Brief Teletransmission	<input type="radio"/> Collection at Counter	

Instructions	
1. a. Please transfer the above-mentioned credit to	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
on the same terms and conditions except:	
i) Amount (<i>in Words and Figures</i>)	
ii) Quantity of Goods (<i>if applicable</i>)	
iii) Latest Shipment Date	
iv) Expiry Date	
b. We irrevocably retain the right to refuse to allow you to advise amendments to the transferee, however, future amendments to the original Credit except increase of Credit amount, quantity of goods, and extension of shipment and expiry dates may be notified to the transferee without our prior consent.	
2. Your original advice of Credit is returned to you herewith and we shall be glad if you will notify the new beneficiary at our expense.	
<i>(Please use separate blank sheets for advising other instructions.)</i>	

Conditions			
Except so far as otherwise expressly stated, this transferred Documentary Credit is subject to Uniform Customs and Practice for Documentary Credits (2007 Revision), International Chamber of Commerce Publication No. 600.			
Neither you nor your Correspondents shall be responsible for the description, quantity, quality or value of the merchandise shipped under the transferred Documentary Credit, nor for the correctness, genuineness or validity of the documents, nor for any other cause beyond your or their control.			
<input checked="" type="checkbox"/> Authorised Signature(s) and Company Stamp (<i>if applicable</i>)	<input type="radio"/> S.V.		
	<table border="1"><tr><td>Contact Person Name: Telephone No.:</td></tr><tr><td>Exports Account Number</td></tr><tr><td>Account Number for Charges to be Debited</td></tr></table>	Contact Person Name: Telephone No.:	Exports Account Number
Contact Person Name: Telephone No.:			
Exports Account Number			
Account Number for Charges to be Debited			

Banker's Confirmation of Signature(s)

For Bank Use Only	
Checked by	Commission:
Confirmed by	Cable:
Approved by	Postage:
	Total:

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