

BANK GUARANTEE-i (BG-i) / COUNTER GUARANTEE-i (CG-i) APPLICATION

 To:

 Date (dd/mm/yyyy)
 Bank Guarantee-i OR

 Counter Guarantee-i

1. Applicant's Name and Address

 Contact Person
 Telephone Number
 Email Address
 Fax Number
2. Beneficiary's Name and Address

 Contact Person
 Telephone Number
 Email Address
 Fax Number
3. Third Party's Name and Address (if applicable)

4. Type of Bank Guarantee
 Bid/Tender Bond (Enclose a copy of Invitation Letter)

 Performance Bond (Enclose a copy of Letter of Award and/or Contract)

 Payment Guarantee

 Advanced Payment Bond (Enclose a copy of Letter of Award and/or Contract)

 Financial Guarantee

 Others, if any (please specify) :

5. Type of Application

A) <input type="checkbox"/> Issuance Currency <input type="text"/> Amount <input type="text"/> In words <input type="text"/> <input type="text"/> <input type="text"/> Effective Date (dd/mm/yyyy) <input type="text"/> Expiry Date (dd/mm/yyyy) <input type="text"/> Claim Period*(No.of days after expiry date) <input type="text"/> days	B) <input type="checkbox"/> Renewal Currency <input type="text"/> <input type="checkbox"/> Same Amount <input type="checkbox"/> Different Amount For different amount, please indicate i) Increased by (Amount) : <input type="text"/> ii) Decreased by (Amount) : <input type="text"/> Expiring Guarantee Number: <input type="text"/> New Expiry Date: <input type="text"/>	C) <input type="checkbox"/> Extension/Amendment Existing Guarantee Number: <input type="text"/> For Extension, please indicate: i) New Expiry Date (dd/mm/yyyy) <input type="text"/> For Amendment, please indicate: i) Claim Period* (No. of days after expiry date) <input type="text"/> days ii) Other amendment (if any, please specify): <input type="text"/>
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Please enclose supporting documents

**If left blank, Maybank Islamic has the right to impose 14 days(or such other number of days as per Maybank Islamic standard format) from the expiry date.*



6. Collection Instructions

I/We hereby authorise I.C./Passport No.
to collect the above mentioned guarantee on my/our behalf for delivery to the beneficiary.

Please contact us for self collection

Please courier directly to Beneficiary.

Please issue this BG-i and send by authenticated SWIFT to advising bank for delivery to Beneficiary and furnish us a copy.

Others, if any
(please specify)

7. Special Conditions

Please issue the Bank Guarantee-i/Counter Guarantee-i in Maybank Islamic Bhd (MIB) standard format.

Please issue the Bank Guarantee-i/Counter Guarantee-i in the format attached to this application(if approved by MIB)

Others, if any
(please specify)

8. Instruction on Bank Charges

I/We authorise you to debit my/our bank account number:
maintained with you all amounts payable by me/us in connection to the trade service provided by you to me/us, including
but not limited to fees, charges, expenses and commission.

9. Applicant's Authorisation and Declaration

a) I/ We request that you provide the relevant Bank Guarantee-i / Counter Guarantee-i services in accordance with my/our
instructions requested above.

b) I/We agree to be bound by the standard and general terms and conditions of the agreements as you may provide to me/us
(or as agreed between us) from time to time

10. Authorised Signatory/ies (Complete with Company Stamp, wherever applicable)