

REQUEST TO INITIATE E-FORM M PROCESSING

We (applicant) hereby request UBA Plc to initiate the processing of e-Form M with details below on our behalf. We undertake to indemnify UBA Plc for any loss or expense that may be incurred as a result of processing this e-Form M with the details provided below by us:-

APPLICANT'S NAME: _____

APPLICANT'S ACCOUNT No (FOR DEBITS) _____

APPLICANT'S ADDRESS: _____

TAX IDENTIFICATION NO: _____ RC No _____ PFI No _____

PAYMENT MODE: Please tick as applicable:

Letters of Credit

Bills for Collection

Not Valid for FX

FOB VALUE: _____

TOTAL ANCILLIARY CHARGES _____

TOTAL FREIGHT: _____

TOTAL C&F VALUE: _____

GENERAL GOODS DESCRIPTION: _____

*HS CODE _____

BENEFICIARY'S NAME _____

BENEFICIARY'S ADDRESS _____

BENEFICIARY'S PHONE & FAX#: _____

BENEFICIARY'S EMAIL (MANDATORY) _____

COUNTRY OF ORIGIN/SUPPLY _____

PORT OF DISCHARGE _____ INSPECTION AGENT _____

NOTES:

- FOR MULTIPLE LINE ITEM INVOICES, THE H.S CODE FOR EACH ITEM SHOULD BE STATED ON THE PROFORMA INVOICE AND EXCEL SPREADSHEET OF THE PROFORMA INVOICE PROVIDED.

AUTHORISED SIGNATORY

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FOR BANK USE:

SIGNATURE VERIFIED BY

NAME

STAFF ID

SIGNATURE