

APPLICATION FORM FOR ISSUANCE OF LOCAL BANK GUARANTEE

(Please sign on both pages)



Branch:

Date

I/We hereby request you to issue on my/our behalf and for my/our account a bank guarantee as per the following conditions. Find below details the beneficiary & beneficiary bank for sending confirmation of BG issuance. In case any fields are left blank, we hereby authorize RBL Bank to provide confirmation of BG issuance to the Beneficiary through any physical or electronic mode.

Sr. No.	Details	Particulars
1.	Applicant Name 1: (RBL Bank Customer)	<input type="text"/>
2.	Applicant Name 2: (Only in case BG is on behalf of other party): (Tick as applicable)	<input type="text"/> <input type="checkbox"/> JV <input type="checkbox"/> Consortium <input type="checkbox"/> WOS <input type="checkbox"/> Other Party <input type="text"/>
3.	Type of Bank Guarantee (Please Tick as appropriate) (Tick as applicable)	<input type="checkbox"/> Bid Bond <input type="checkbox"/> Performance <input type="checkbox"/> Advance Payment <input type="checkbox"/> Financial <input type="checkbox"/> Counter Bank Guarantee <input type="checkbox"/> Others (Please specify) <input type="text"/>
4.	Beneficiary Name:	<input type="text"/>
	Beneficiary Address	<input type="text"/>
5.	Beneficiary Bank IFSC for Advising:	<input type="text"/>
6.	Bank Guarantee Currency:	<input type="checkbox"/> INR <input type="checkbox"/> Others <input type="text"/>
7.	Bank Guarantee Amount:	In Figures <input type="text"/> In Words <input type="text"/>
8.	Bank Guarantee Expiry Date:	<input type="text"/>
9.	Claim Expiry Date (Tick as applicable)	<input type="text"/>
	<input type="checkbox"/> One Year from expiry Date (Default) I am /We are aware that the Bank will be issuing the BG with one-year additional claim period over and above the expiry date of such BG. Accordingly, the Bank would be liable to make payment to the beneficiary if the valid claim is made within the above additional claim period. Hence, I/We authorize the Bank to block/continue to maintain the said BG limit, and also to retain and not release the FD/margin/security provided by us, till expiry of claim period, or till receipt of discharge letter from the beneficiary discharging bank of the BG obligation in question, whichever is earlier.	
	<input type="checkbox"/> Any other Period (Days, months from expiry date) I am /We are aware that the Bank will be issuing the BG with one-year additional claim period over and above the expiry date of such BG. However, if I/We request a BG with a shorter claim period and the Bank agrees, I/We authorize the Bank to block or continue the BG limit and retain any fixed deposit (FD), margin, or security provided by us, even after the claim period expires, until the Bank receives the original BG along with a discharge letter from the beneficiary. Provided that the Bank may release the credit limit, at its sole discretion, if I/We execute an indemnity in a form acceptable to the Bank, which will remain valid until the Bank receives the original BG and discharge letter from the beneficiary. I/We further agree and confirm that all the security/margin furnished for the issuance of the BG will remain in force and binding upon me/us until the Bank receives the original BG along with the discharge letter from the Beneficiary and till such time we undertake to pay and Bank has authority and power to debit my/our account toward payment of BG commission by me/us.	
10.	Place of Issuance of Bank Guarantee:	<input type="text"/>
11.	Guarantee to be issued as:	<input type="checkbox"/> Physical Instrument <input type="checkbox"/> E-Bank Guarantee(Pls provide details on overleaf)
12.	Pre vetted text applicable:	<input type="checkbox"/> Yes <input type="checkbox"/> No

I/ We assume full risk, responsibility, and liability for any actions taken by the Beneficiary basis such SFMS message, or communication of issuance of BG made by RBL Bank to the Beneficiary through physical or electronic made, and acknowledge that the confirmation message sent over SFMS, or through other physical or electronic modes serves as an acknowledgment of BG issuance, enabling the Beneficiary to invoke the BG without actual receipt of the physical copy of original BG, and in such cases, Bank is obligated to pay if the demand is valid and compliant with the BG terms without investigating whether Beneficiary has received original copy. Consequently, I/ we undertake to indemnify and hold the Issuing Bank harmless from any claims, litigations, compensation, losses, liabilities, proceedings, investigations and from and against all costs, charges and expenses including actual attorney costs and fees arising from premature invocation of the BG by the Beneficiary based solely on the confirmation message.

I / We acknowledge that the Bank Guarantee format may contain some onerous clauses which makes the guarantee open ended in terms of tenor and/or amount. I/We hereby agree, confirm, declare, and undertake to indemnify RBL Bank Limited in terms of the facility documentation executed with RBL Bank Limited.

We authorize you to debit my/our account no. [] for commission /charges

For Margin:

Account no. [] to be debited for new Fixed Deposit.

Existing FD no. [] to be utilized.

Indicative list of documents to be submitted:

- Word Document of BG text for vetting
- MOU in case of JV/Consortium/WOS/Other Party
- Counter Guarantee Format (if applicable)
- Pre-printed format for IATA / MCX / NSE (if applicable)

Checklist for the applicant:

- Kindly ensure sufficient funds are available in FD/Account for charges and margin requirement (if any)
- Kindly ensure sufficient limits are available for issuance of the BG.
- Tenor of the BG is within the approved sanctioned.

Thanking you.

Yours faithfully,

Signature
Director/Partner/Proprietor/Individual

(Director/Partner/Proprietor/Individual)

Place: []

Date [D | D | M | M | Y | Y | Y | Y]

E-BG SECTION (Only to be filled and signed if e-BG requested)

Beneficiary Name and Registered Address with PIN code	
Beneficiary Communication Address (With pin code)	
Beneficiary PAN Number	
Beneficiary Mobile Number registered with NeSL	
Beneficiary Email ID	
Beneficiary Date of Incorporation	
Beneficiary Legal constitution	
State for Issuance	

I/we authorise you to provide Bank Guarantees copy / covering letter / Bank Guarantee details to the Beneficiary on the above given Email IDs.

Thanking you.

Yours faithfully,

Signature
Director/Partner/Proprietor/Individual

(Director/Partner/Proprietor/Individual)

Place: []

Date [D | D | M | M | Y | Y | Y | Y]