

# Non Operative Letter Of Credit

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, ZIP Code]

Dear [Beneficiary's Name],

RE: NON-OPERATIVE LETTER OF CREDIT

We are pleased to inform you that we have established a Non-Operative Letter of Credit (LC) in your favor, in accordance with our mutual agreement and understanding.

1. Beneficiary: [Beneficiary's Name]
2. Issuing Bank: [Your Bank's Name]
3. Date of Issuance: [Date of Issuance]
4. Expiry Date: [Expiry Date]
5. LC Number: [LC Number]

The total amount available under this LC is [Total LC Amount in Currency], which is available to you upon fulfillment of the terms and conditions specified herein. Please note that this LC is non-operative until you provide the necessary documents and comply with the conditions outlined below.

Terms and Conditions:

1. Documents Required: The following documents are required to activate this LC and release the funds:

- Commercial Invoice in triplicate, indicating the total amount and detailing the goods or services provided.

- Bill of Lading or Airway Bill showing shipment of goods to the destination specified in the LC.

- Packing List detailing the contents of each package and the total number of packages shipped.

- Any other relevant documents as per the agreed-upon terms between the parties.

2. Compliance: The documents must comply with the terms and conditions specified in the LC. Any discrepancies may result in a delay in the processing of the payment.

3. Confirmation: Upon receipt of the required documents, our bank will verify their compliance with the terms of the LC. Once the documents are found to be in order, we will proceed with the activation of the LC and release the funds to the beneficiary.

4. Presentation Period: The documents must be presented to our bank no later than [Number of Days, e.g., 10] days before the LC's expiry date. Late presentations will not be accepted.

5. Charges: All bank charges related to this LC shall be borne by the [Applicant/Beneficiary] as per the applicable regulations.

6. Governing Law: This LC shall be governed by and construed in accordance with the laws of [Country Name].

Please ensure that the documents are sent to our bank's attention at the address provided below:

[Your Bank's Name]

[Bank's Address]

[City, State, ZIP Code]

We trust that this LC will facilitate a smooth and successful transaction between us. If you have any questions or require further information, please do not hesitate to contact us.

Thank you for your cooperation, and we look forward to serving your banking needs.

Sincerely,

[Your Name]

[Your Title]

[Your Bank's Name]

[Your Bank's Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]