	_	_
Data	/	/
Date	 //	

LETTER OF INDEMNITY

To, Laxmi Sunrise Bank Ltd.									
Branch									
Re Our Documentary Bill No	for			C	overin	ıg shi	pmer	ıt of	
	per								
Dear Sir/Madam,									
ln consideration of your agreeing to ne	gotiate our Documentary	Bill of Excha	ange for						
dateddrawn un									
account of M/syour Collecting Office/Branch/Correstresponsibility to the Drawees/Drawenth of the Drawees or determs of the Credit including the follows:	spondent or Agent to iss ee's Banker in order to iscrepancies between the	ue their gu	uarante eptance	e or otleand/o	ner in r payr	demi nent	nity o	on our ne Bill	
(a)									
(b)									
In consideration of your negotiating the authority to issue guarantees and/or agree to reimburse you, upon demand Currency amount of the Documentary expenses, including costs, legal or oth Agent or which your collecting Office/in connection with the guarantees and shipping documents at your prevailing interest at a rate to be determined by incurred' by you, your Collecting Offices aid claim or claim(s). We, the drawers claims paid by you, your Collecting Offices accepted by us without demur, equivo to contest the amount or nature of guarantees or indemnities.	indemnities, we, the draw d, the local currency equi- y Bill of Exchange and als herwise, paid by you or y /Branch/Correspondent of ad/or indemnities given be grate of exchange at the ti- you, plus the amount of a ce/Branch/Correspondent is and/or endorser(s), expendice/ branch/Correspondents	vers and/or valent to the amount our Collect or Agent many you in reme of demand or Agent is ressly agreement or Agent as correct as	endors the amount of againg Officy be calculation to and for a arges, ex arg	ser(s), hunt of the gregate ce/Brandled upon the serimbur kpenses ection we amout and we amout and we	ereby he said amou hch/Co h or c hid Bil rsemer of wh hith the ht of th hereb	unco d Bill ant o orres ompo l or nt, to atso e said ne cla this y wa	ondition of Formal Control from the respect the respect to the point of the point	onally oreign claims, ent or to pay elative r with nature or the and/or will be l right	
	Authorized Sign	atory:							
	Name:								
	Address:								
Company/Firms Seal	Contact No.: Account No.:	Account No.:							
		1 1 1 1					1	. 1	