



14/05/2020

COMPANY LETTER HEAD

LETTER OF INTENT

FROM:

Company Name :
Address (local office) :
Country :
Registration number :
Tax ID if available :
Company representative :
Passport N° :
Passport Issued Date :
Passport Expiration Date :
Passport Issuance Place :
Phone : +
Fax : +

TO:

Company Name : **ALOA Universal Trading ©**
License number 2194961
30F NEW TREASURE CENTER,
10 Ng Fong Street, San Po Kong,
KOWLOON. HONG KONG
Tel: 00852 81917042
Manager Director: Mr. Seyyed Abdesselam +32 485.58.43.86
CEO: Mr. Omar Amhamdi +32 470.07.07.57
WebSite: www.aloatrading.com

We, **XXXXXX**, represented by **XXXXXX**, hereby state and represent that it is our intention to purchase, and we hereby confirm that we are ready, willing and able to purchase the following commodity as per the specification and in the quantity and for the price as specified in the terms and conditions as stated below.

GOODS:

COMMODITY :
ORIGIN :
DESTINATION PORT :
SPECIFICATIONS :
QUANTITY : **XXXXX** MT
PACKING :
CONTRACT LENGTH :
PERFORMANCE BOND :



14/05/2020

FINANCIAL PART:

| | |
|------------------------------|--|
| Bank name | |
| Department | |
| Address | |
| City | |
| Country | |
| Bank account name | |
| Bank account number / IBAN | |
| SWIFT CODE | |
| Bank phone | |
| Bank fax | |
| Bank officer name / position | |
| Bank officer e-mail | |

PAYMENT TYPE : DLC or LC or SBLC

INSTRUMENT TRANSFERABLE : Yes / No

INSTRUMENT ISSUING BANK : Name of the bank which issues the DLC or LC or SBLC

BIC/SWIFT CODE : bic/swift code of the bank which issues

INSTRUMENT CONFIRMING BANK : Name of the bank which confirms the DLC or LC or SBLC (if any)

BIC/SWIFT CODE : BIC/SWIFT code of the bank which confirms (if any)

SHIPPING DOCUMENTS REQUIRED BY BUYER:

- PACKINGLIST
- CERTIFICATE OF ORIGIN
- BILL OF LADING MARKED « FREIGHT PREPAID » ISSUED TO THE ORDER OF CONSIGNEE
- SIGNED COMMERCIAL INVOICE (INCLUDING PACKING DETAILS)
- SGS OR SIMILAR INSPECTION COMPANY CERTIFICATE OF QUALITY
- SGS OR SIMILAR INSPECTION COMPANY CERTIFICATE OF QUANTITY
- PHYTOSANITARY CERTIFICATE
- MARINE INSURANCE POLICY COVERING MINIMUM OF 110 % FACE VALUE OF THE GOODS IN THE NAME OF BUYER

LOI VALIDITY:

SINCERELY Yours,

XXXXX, XXXXX

Date, signature & stamp