

Modelos de contratos internacionales

Irrevocable Master Fee Protectio Agreement

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| Cámara Oficial de Comercio, Industria, Servicios y Navegación de Sevilla – Plaza de la Contratación nº 8 41004 Sevilla – Departamento Internacional 955 110 922 | 1 |

Modelo de Contrato Irrevocable Master Fee Protection Agreement Contract No......

Seller'sName: .........................................................................................................................................

Address: ................................................................................................................................................

Phone Number: .......................................................................................................................................

Fax Number: ...........................................................................................................................................

Signatory: ..............................................................................................................................................

Title:......................................................................................................................................................

Commodity: ............................................................................................................................................

Quantity: ................................................................................................................................................

Duration: ...............................................................................................................................................

Delivery: ................................................................................................................................................

Price Basis: .............................................................................................................................................

Contract Value: .......................................................................................................................................

1) This Fee Protection Agreement (FPA) is issued to the Paymaster involved in the sale of the Commodity identified

by the above Contract Number. Commission payments will be made after the delivery and payment for each

shipment, as agreed between the Seller and the beneficiary Paymasters. The commission will be paid to the beneficiary Paymaster named in the F.P.A. for all contracted quantity including all extensions and rollovers on shipment by shipment basis as per the following proceeds.

1.1 The entitlements herein specified will be transferred in full compliance with articles 48 and 49 of ICC N0.

500, as amended, in favor of the paymaster herein been named.

1.2 Payable automatically, upon payment for each and every shipment, by swift wire transfer.

1.3 The payments will be made without protest, delay, or deductions (other than normal Bank wire transfer

fees).

1.4 The entitlement under this F.P.A. covers the entire transaction identified and defined herein including all extensions and rollovers.

2) I, the undersigned, with full corporate authority and legal responsibility, under penalty of perjury, on behalf of

the Seller, do hereby irrevocably and conditionally undertake to pay the commission specified in this F.P.A.

in ........ , in favor of the beneficiary Paymaster named herein.

A commission of ........ per ..... will be paid to the Paymaster, .............. The said commission becomes payable

if the referenced transaction has successfully been concluded and the payment of the commodity has been made

by the Buyer in favor of the undersigned in respect of each and every shipment that has been delivered.

The responsibility of the undersigned payer is limited to the transfer of the entitlement to the beneficiary paymaster whenever the commodity delivered has been paid by the Buyer and to the observances of the practices of the NCND.

3) Seller's Banking Information:

Bank Name: ............................................................................................................................................

Address: .................................................................................................................................................

City: ......................................................................................................................................................

Country: .................................................................................................................................................

Account Name: ........................................................................................................................................

Account Number: .....................................................................................................................................

Swift Code: .............................................................................................................................................

Telephone: .............................................................................................................................................

Fax Number: ...........................................................................................................................................

4) Beneficiary's Banking Information:

Commission: ...........................................................................................................................................

Company Name: ......................................................................................................................................

Telephone: .............................................................................................................................................

Fax Number: ...........................................................................................................................................

Beneficiary: ............................................................................................................................................

Bank Name: ............................................................................................................................................

Bank Address: .........................................................................................................................................

Agency Number: ......................................................................................................................................

Account Number: .....................................................................................................................................

Bank Officer: ...........................................................................................................................................

Swift Code: ..............................................................................................................................

Bank Phone Number: ..............................................................................................................................

Bank Fax Number:..............................................................................................................................

The Parties agree that FAX/EDT signed and sealed copies of this Fee Protection Agreement will be in full force and

effect.

 Signatory Seller Signatory Paymaster

\*Este Contrato es un modelo. En ningún caso debe ser tomado como única referencia. Le recomendamos consultar con un especialista en la materia para la redacción y firma de contratos con sus clientes