LETTER OF INTENT

To: Grupo San Luka.
Company Address: Av Nueva Providencia 1881, Santiago, Chile, 7500520.

Send this Letter of Intent to: camilo@sanluka.cl

We, _____, 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 stated in the terms and conditions below.

COMMODITY INFORMATION	
COMMODITY	Refined Sugar ICUMSA 45
APPEARANCE	White Granulated Sugar
SHIPPING TERMS FOR SALE	CIF
DELIVERY TIME	No later than forty-five days following acceptance of the payment instrument.
INDEX PARAMETER	ICUMSA 45
TOTAL CONTRACT QUANTITY	_____ M/T
DURATION OF CONTRACT	1-month trial + 12 months contract
PACKING	50 kg bags
PAYMENT TERMS	SBLC + MT103
DESTINATION PORT	_____ Port
INSPECTION	SGS at Seller Cost at Loading Port

INSPECTION: Société Générale de Surveillance (SGS) or equivalent shall issue an inspection certificate of the loaded quantity and quality for each shipment to certify that the goods are in good order and condition and conform to the specifications herein stated. Each shipment must have a phytosanitary certificate from the Ministry of Health stating that the sugar is good for human consumption.

The seller guarantees that each shipment shall be provided with an inspection certificate of weight, quantity, and quality at the time of loading, and such certificate shall be provided by Société Générale de Surveillance (SGS) or equivalent, only at the seller's expense, and shall be deemed to be final. The seller shall instruct said authority to carry out the inspection in strict accordance with the International Chamber of Commerce (I.C.C.) rules. Société Générale de Surveillance (SGS) or equivalent will also provide a packing condition report.

BUYER'S INFORMATION	
NAME	
POSITION	
NAME OF THE COMPANY	
COMPANY REGISTRATION #	
ADDRESS	
CITY/ZIP	
COUNTRY	
CELL PHONE	
EMAIL	

LOI VALIDITY: 5 days from the date of issuance.

BUYER'S BANKING DETAILS

BANK:

_____

ADDRESS:

_____

SWIFT CODE SWIFT:

_____

ACCOUNT NAME:

_____

ACCOUNT NUMBER:

_____

BANK PHONE:

_____

Company Stamp

Responsible Signature

Date