

BANK GUARANTEE-i AMENDMENT APPLICATION

Bank Guarantee Reference No. : _____

Date Requested :

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Current Account No : _____

Beneficiary Name : _____

Amount (Before Amendment) : _____

Types of Amendment : _____

- Extension of period New Expiry Date : _____
- Reduce of period New Expiry Date : _____
- Increase in amount New Amount : _____
- Decrease in amount New Amount : _____
- Others (please specify) : _____

Customer Contact Person

Name : _____

Telephone No. : _____ Fax No. : _____

Email Address : _____

Applicable For Counter Guarantee Only (Authorised Person to collect Counter Guarantee at Agent Bank's Counter)

Name : _____

ID : _____ Tel No. : _____ Email Address: _____

Address : _____

Remarks : _____

We hereby request for a guarantee under the Contract of Kafalah pursuant to the above terms and conditions.

 (Authorised Signature/s & Company's Rubber Stamp)

Agreed & accepted **for and on behalf of Bank Islam Malaysia Berhad**

 (Authorised Signature/s)

Name:

Name: