

AMENDMENT TO DOCUMENTARY CREDIT-i APPLICATION

1. Applicant (Full Name and Address) :

2. Beneficiary (Full Name and Address) :

3. Date of this application :

Date	Month	Year
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

4. LC Number :

5. Issue by :

- Teletransmission
 Courier / Mail

6. Insurance will be covered by us

7. New Incoterm: FOB CIF CFR Other terms : _____

8. Please amend the abovementioned LC as follows (mark where appropriate):

- | | |
|--|--|
| <input type="checkbox"/> Amount increased from _____ to _____
<input type="checkbox"/> Amount decreased from _____ to _____ | <input type="checkbox"/> Extend expiry date to _____
<input type="checkbox"/> Extend shipment date to _____ |
|--|--|

Description of goods (brief description without excessive details):

- New : _____
 Add : _____

9. Others (please specify):

10. This amendment is to be considered as part of the above Letter of Credit and is subject to acceptance by the beneficiary.

11. All other terms and conditions of the Letter of Credit remain unchanged.

12. Charges:

- | | |
|--|--|
| <input type="checkbox"/> We hereby authorise you to debit all amendment charges to our account | <input type="checkbox"/> Please collect all your amendment charges from the beneficiary. |
|--|--|

13. Authorised Signatory and Company's Rubber Stamp

14. Customer Contact Person:

Name : _____

Tel & Fax No. : _____

Email address : _____

15. Except as otherwise expressly stated herein, this credit is subject to the Uniform Customs and Practice for Documentary Credit International Chamber of Commerce currently in force.

FOR BANK USE ONLY

Ref No : _____

Verified by : _____

Approved by : _____