APPLICATION FOR AMENDMENT TO IRREVOCABLE DOCUMENTARY CREDIT



То:				Date (dd/mm/yyyy)
			 ,	
I/We hereby request you t through	o amend Irrevocable	Documentary Credit No.		
Airmail				
SWIFT will be used when available				
1. Applicant's Name and Address			2. Beneficiary's Name and Address	
Contact Person			Contact Person	
Telephone Number			Telephone Number	
Email Address			Email Address	
Fax Number			Fax Number	
3. Advising Bank's Name and Address				
4. Amendment Instructions *Extend Expiry Date to: Date (dd/mm/yyyy) *Extend Shipment Date to:				
	redit by :	l		
Currency & Amount in Figures Total Credit After Amendment in Figures				
In words			In words	
*May Attract Additional Opening Commission				
Others, if any (plea	se specify):			
5. Amendment Charges to be paid by				
Beneficiary Applicant				
6. Instructions on Ban	=			
We authorise you to debit our bank account number: with you all amounts payable by us in connection to the Trade Service provided by you to us, including but not limited to fees, charges, expenses, commission and any				
principal interest.				
7. Applicant's Authori	sation and Decla	ration		
a) We request that you instructions requested		evant Irrevocable Documen	tary Credit services (t	the "Trade Service") in accordance with our
b) We agree to be bound by the Standard Terms and Conditions, the General Trade Terms and any applicable Country Supplement,				
Service Supplement and agreement as you may provide to us (or as agreed between us) from time to time. c) The terms and conditions of this Trade Service shall be governed by and construed in accordance with the laws of Any term defined in the				
d) Any term defined in the Standard Terms and Conditions and General Trade Terms shall have the same meaning set out in this Application Form.				
8. Authorised Signatory/ies (Complete with Company Stamp, wherever applicable)				
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