



To:

Date of Amendment	day / month / year

APPLICATION FOR AMENDMENT TO DOCUMENTARY CREDIT (DC)

DC Number

Note: Please mark ("X") where applicable.

Name of Applicant	Name of Beneficiary
Name of Contact Person	
Present Expiry Date and Place of DC	Present Amount of DC

Amendment Details			
Amendment to be Dispatched by			
Teletransmission	Courier	Collection at Counter, Contact Person:	
Increase	Decrease	the Amount of the DC by	to (in all)
Amend Latest Shipment Date to		Amend Expiry Date to	Amend Period for Presentation to
For all shipments	For shipment(s) indicated in "Other Amendments" only		days
Other Amendments			
<p><i>We request for amendment(s) to the DC as stipulated above. All other terms and conditions of the DC remain unchanged. Except so far as expressly stated, this application for amendment is subject to Uniform Customs and Practice for Documentary Credits of International Chamber of Commerce to which the DC is subject.</i></p> <p><i>We acknowledge that any amendment(s), if issued, is/are subject to acceptance by the beneficiary.</i></p>			

Please debit the amendment charges to our Account Number .
beneficiary's account.

Please debit _____ to our account number _____ as additional cash margin to you.

- Please arrange insurance for us at our cost with an insurance company acceptable to you. You are authorised to debit our account number for the insurance premium once the policy is effected at the rate agreed.
- We attach increased Insurance Cover Note for your retention.

<i>Authorised Signature(s) and Company Stamp (if applicable)</i>	For Bank Use Only		
	Additional Margin	%	
	Commission	%	
	Telegrams		
	Postage		
	Total		
	Captured by	Checked by	Approved by
	Date		