



Application for Amendment to Irrevocable Documentary Credit

Date: / /

To:

Tel: (65) 6878 0707

Please complete form clearly in English & BLOCK LETTERS.

| | | | |
|---|---|---|---|
| Credit Number <input type="text"/> | BANK USE ONLY | | |
| | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;">Amendment No. <input type="text"/></td> <td style="width:30%; padding: 5px;">Approved By <input type="text"/></td> </tr> </table> | Amendment No. <input type="text"/> | Approved By <input type="text"/> |
| Amendment No. <input type="text"/> | Approved By <input type="text"/> | | |

| Applicant Details | Beneficiary Details |
|---|--|
| Applicant Full Name & Address: <input type="text"/> <input type="text"/> | Beneficiary Full Name & Address: <input type="text"/> <input type="text"/> |
| Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

Please amend the above mentioned credit by Airmail / Cable as follow:

- 1 Increase Amount of Credit By:
- 2 Decrease Amount of Credit By:
- 3 Extend Expiry Date to:

 / /
- 4 Extend Latest Shipment Date to:

 / /
- 5

This Amendment is subject to acceptance by Beneficiary.
 ALL OTHER TERMS & CONDITIONS OF THE CREDIT REMAIN UNCHANGED.

| | |
|---|--|
| <p style="text-align: center;">..... Authorised Signature(s) & Company Stamp</p> | <p style="text-align: center;">BANK USE ONLY</p> <p style="font-size: 24px; text-align: center;">SV</p> |
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| | Amendment No. <input type="text"/> | Approved By <input type="text"/> |

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