



APPLICATION FOR LETTER OF CREDIT AMENDMENT

Letter of Credit No: _____ A/C No: _____ Date: _____

Amend Beneficiary Name and address _____
_____ Amount Increased Decreased by: _____ New LC Amount: _____

Expiry Date amended to _____ Shipment Date amended to: _____

Clause No: _____ is amended to read as _____

_____**Other Amendments :**

All other terms and conditions remain unchanged.

It is understood that amendments will only be valid if they are accepted by the beneficiary in explicit writing or presented documents reflect the same.

Amendment Charges: debit our account No _____ claim from Beneficiary

Company Name: _____

Contact Person: _____ Telephone: _____ Fax: _____

Authorized Signature (s) (With Company Stamp)