



# APPLICATION TO AMEND A DOCUMENTARY CREDIT

Date :		Mode of Transmission		<input type="checkbox"/> SWIFT	<input type="checkbox"/> Mail	DC Number:	Amendment Number:
50 Applicant Name: Address:				Contact Person: Telephone: Fax: E mail:			
59 Beneficiary Name (before this amendment): Address:							
44C Latest date of Shipment :  Extend up to:				31E New Date of Expiry :			
32B Increase of Documentary Credit Amount : (Proforma invoice to be attached)  Existing Value .....  Increase .....				33B decrease of Documentary Credit Amount: (Proforma invoice to be attached)  Existing Value .....  Decrease .....			
34B New Documentary Credit Amount after Amendment : .....				34B New Documentary Credit Amount after Amendment : .....			
79 Any other Amendment  <input type="checkbox"/> Partial shipment allowed/not allowed <input type="checkbox"/> Tolerance+/-.....% allowed in quantity/value <input type="checkbox"/> ..... ..... ..... ..... ..... ..... ..... ..... <input type="checkbox"/> Please refer annexure for other amendments							
FOR OFFICE USE ONLY  Signature verified by:  Margin :  Approved by:				All other terms and conditions of the credit remain unchanged.  ..... NAME, STAMP & AUTHORIZED SIGNATURE(S) OF THE APPLICANT			