

Date	DD	MM	YYYY	Facility ID		LC Number	Form Amendment request only

LC RELATED INFORMATION

APPLICANT NAME

BENEFICIARY NAME

LC AMOUNT

A) ADDITIONAL BRIEF DESCRIPTION OF GOODS / PERFORMANCE

AUTHORIZED SIGNATURE

Date	DD	MM	YYYY	Facility ID		LC Number	Form Amendment request only

LC RELATED INFORMATION

APPLICANT NAME

BENEFICIARY NAME

LC AMOUNT

B) ADDITIONAL PAYMENT TERMS

AUTHORIZED SIGNATURE

Date	DD	MM	YYYY	Facility ID		LC Number	Form Amendment request only

LC RELATED INFORMATION

APPLICANT NAME

BENEFICIARY NAME

LC AMOUNT

C) ADDITIONAL CONDITION

AUTHORIZED SIGNATURE

Date	DD	MM	YYYY	Facility ID		LC Number	Form Amendment request only

LC RELATED INFORMATION

APPLICANT NAME

BENEFICIARY NAME

LC AMOUNT

D) ADDITIONAL REQUIRED DOCUMENTS

AUTHORIZED SIGNATURE

Date	DD	MM	YYYY	Facility ID		LC Number	Form Amendment request only

LC RELATED INFORMATION	
APPLICANT NAME	
BENEFICIARY NAME	
LC AMOUNT	

E) OTHER

--	--

AUTHORIZED SIGNATURE	
----------------------	--