

Attachment to Irrevocable Documentary Letter of Credit Application

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

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AUTHORIZED SIGNATURE	
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FORM17--CB008

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B) ADDITIONAL PAYMENT TERMS	

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C) ADDITIONAL CONDITION	

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D) ADDITIONAL REQUIRED DOCUMENTS	

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E) OTHER	

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FORM17--CB008