

Application For Amendment to Documentary Credit

To: The Bank of East Asia, Limited
Hong Kong

Amendment to Irrevocable Documentary Credit No. ("Credit"): Date and Place of Expiry of the Credit:	To be dispatched by <input type="checkbox"/> (Air)Mail <input type="checkbox"/> Teletransmission <input type="checkbox"/> Courier <input type="checkbox"/> Collection at your counter		
Applicant:	Beneficiary: Transferee(if applicable):		
Original Credit Amount:	All other terms and conditions of the Credit remain unchanged. It is understood that this amendment is subject to acceptance by the beneficiary, transferee and the confirming bank, if any.		
Please amend the Credit as follows: <input type="checkbox"/> Increase the amount by _____ making total amount issued as _____ <input type="checkbox"/> Decrease amount by _____ making total amount issued as _____ <input type="checkbox"/> Change the expiry date to _____ <input type="checkbox"/> Change the latest shipment / delivery date to _____ <input type="checkbox"/> Others:			
Additional Instructions: <input type="checkbox"/> Please fix exchange rate for the increased amount covered by this amendment. <input type="checkbox"/> Please debit all charges to our account, no. _____ <input type="checkbox"/> All transfer charges are for account of the transferee.			
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin-right: 10px;"></div> <div style="text-align: center;"> <p style="margin: 0;">S.V.</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">Authorised Signature(s) and Company Chop</p> </div> </div>			
For Bank Use Only			
On-line Data Entered by: Checked by: Approved by:	Credit Limit: Checked by: (Date) (Time) Approved by: (Date) (Time)	Forward Contract No.: @ Maturity on: Confirmed by:	Insurance Coverage <input type="checkbox"/> Applied via Blue Cross <input type="checkbox"/> Client to arrange amendment to cover note <input type="checkbox"/> Insurance already covered by Client
ROT Checked by: Date:			
Amendment No.:	Issued on:		