

## **Import LC Amendment Application**

|                                                                                                                                                                          |                                 |                                     |                |                                                                                                             | Branch:                                                 |             |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------|------------|--|
| Letter of Credit (LC) No:                                                                                                                                                |                                 |                                     |                | Amendment of request No. for this LC:                                                                       |                                                         |             |            |  |
| Amend Applicant's Details (for change of address or correction of typographical errors / omissions only):                                                                |                                 |                                     |                | Amend Beneficiary's Details (for change of address or correction of typographical errors / omissions only): |                                                         |             |            |  |
|                                                                                                                                                                          |                                 |                                     |                |                                                                                                             |                                                         |             |            |  |
|                                                                                                                                                                          |                                 |                                     |                |                                                                                                             |                                                         |             |            |  |
| Amend LC Amount:                                                                                                                                                         |                                 |                                     |                | Amend Expiry Date to (dd/mm/yy):                                                                            |                                                         |             |            |  |
| Increase amount by:                                                                                                                                                      |                                 |                                     |                | Expiry in country of:                                                                                       |                                                         | Beneficiary | Applicant  |  |
| Decrease amount by:                                                                                                                                                      |                                 |                                     |                | Amend Partia                                                                                                |                                                         | Permitted   | Prohibited |  |
| Net Amount after<br>Amendment:                                                                                                                                           |                                 |                                     |                | Shipment to:                                                                                                |                                                         | Permitted   | Profibiled |  |
| Amend tolerance to:                                                                                                                                                      | Plus_                           | %                                   |                | Amend<br>Transhipment to:                                                                                   |                                                         | Permitted   | Prohibited |  |
| Amend Availability / Payment tenor:                                                                                                                                      |                                 |                                     |                | Amend the following Shipment Details:                                                                       |                                                         |             |            |  |
| Available with:                                                                                                                                                          | Advisii Bank                    | Advising Any Issuing Bank Bank Bank |                | Place of Recei                                                                                              | of Receipt:                                             |             |            |  |
|                                                                                                                                                                          | ☐ Negoti                        | ation                               | Payment        | Port of Loading of Departure                                                                                | g / Airport                                             |             |            |  |
| Ву:                                                                                                                                                                      | ☐ Acceptance ☐ Deferred Payment |                                     | Last Date of S | hipments                                                                                                    |                                                         |             |            |  |
| Downant Tanari                                                                                                                                                           | Sight                           |                                     |                | Port of Discharge / Airport of Destination                                                                  |                                                         |             |            |  |
| Payment Tenor:                                                                                                                                                           | days after                      |                                     |                | Place of final Destination:                                                                                 |                                                         |             |            |  |
| Amend Goods & Services &/or Documents &/or Conditions (indicate whether items are to be added / deleted / changed)                                                       |                                 |                                     |                |                                                                                                             |                                                         |             |            |  |
|                                                                                                                                                                          |                                 |                                     |                |                                                                                                             |                                                         |             |            |  |
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|                                                                                                                                                                          |                                 |                                     |                |                                                                                                             |                                                         |             |            |  |
|                                                                                                                                                                          |                                 |                                     |                |                                                                                                             |                                                         |             |            |  |
| Amend Incoterms                                                                                                                                                          |                                 |                                     |                |                                                                                                             |                                                         |             |            |  |
|                                                                                                                                                                          |                                 |                                     |                | Latest Date for Presentation of Document Present documents within days after shipment                       |                                                         |             |            |  |
|                                                                                                                                                                          |                                 |                                     |                | Amendment charges Please debit your charges from account no:                                                |                                                         |             |            |  |
|                                                                                                                                                                          |                                 |                                     |                |                                                                                                             | Please recover additional Margin money from account no: |             |            |  |
| I/We hereby declare that all the information mentioned above is correct. I/We understand that this amendment is being advised subject to acceptance by the heneficiaries |                                 |                                     |                | Date:  Applicant Sign and Stamp:                                                                            | ature                                                   |             |            |  |
| Annexure I : Documents enclosed (please tick all that are relevant)  Documents received (For branch use only)                                                            |                                 |                                     |                |                                                                                                             |                                                         |             |            |  |
| Copy of addendum to contract / revised proforma invoice                                                                                                                  |                                 |                                     |                |                                                                                                             |                                                         |             |            |  |
| Additional pages for amendment, if any Any other                                                                                                                         |                                 |                                     |                |                                                                                                             |                                                         |             |            |  |