LETTER OF CREDIT AMENDMENT FORM



You need Adobe Reader 9.0 to view this form. You can download Adobe Reader free of charge.

To: The Manager ANZ Trade and Supply Chain

Mumbai

Customer ID

I/We request that you arrange for the following Letter of Credit to be issued as follows

GENERAL

Credit Number	New Tolerance					
				+/-		%(if any)
Credit Amount	Currency					
New Credit Amount	Currency					
Current Expiry Date (dd/mm/yyyy)	New Expiry Date (dd/mm/yyyy)					
PARTIES						
Applicant			Beneficiary's Bank			
Name			Name			
Ref No.						

LETTER OF CREDIT AMENDMENT FORM

SHIPMENT

Port of Loading/Airport of Departure

Place of Final Destination/For Transportation To/Place of Delivery

Place of Taking Charge/Dispatch From/Receipt

Port of Discharge/Airport of Destination

Latest Shipment Date (dd/mm/yyyy)

Please specify any changes to the Goods Description/Shipment details here

ATTRIBUTES

Additional conditions

Please specify any changes to the additional conditions here

SUPPORTING DOCUMEN	NTS		
Purchase Order/Contr	ract Copy	Insurance Co	ору
SETTLEMENT INSTRUCT	IONS		
Principal	At payment debit	t account No.	
	At payment finan	ce at our cost in	for days
	FEC/Deal No.		Due date
Charges	Debit Account No.		
	Cash Cover		
	(if Applicable)	Debit Account No.	

LETTER OF CREDIT AMENDMENT FORM

We are bound by and will comply with the ANZ Trade Terms and other applicable Trade Agreements, from time to time provided or made available to us by ANZ or as agreed in writing between us. We have a copy of these documents or have accessed them at anz.com/india/en/corporate and have read them.

Signatory

Company/Business Name

Include company identification number if applicable	Date (dd/mm/yyyy)
Authorised Signature	Authorised Signature
Name of Authorised Signatory	Name of Authorised Signatory

Company stamp or chop (if applicable):

BANK USE ONLY			
Date (dd/mm/yyyy)	Signature(s) verified	Yes	No
	Fax Indemnity Checked	Yes	No
OTL Cust ID	Sanctions Checked	Yes	No
TRO/TSO Name & Phone	Manager/Team Leader		