

Please complete fields below in CAPITAL letters using black ink and tick (✓) where appropriate.

1. Customer Details

Legal Entity Name:

Contact Person

Name:

Phone Number:

Email:
Maximum 40 characters

Letter of credit:

2. Amendment Details

Amendment Requested

Expiry Date: / / (dd/mmm/yyyy)
e.g. 01/JAN/2010

Latest shipment date: / / (dd/mmm/yyyy)
e.g. 01/JAN/2010

Period for presentation: days
This is the number of days allowed for beneficiary to present documents to its bank after shipment.

Increase amount to: Currency:
e.g. MUR, EUR, USD

Decrease amount to: Currency:
e.g. MUR, EUR, USD

Cancel LC:

Other Amendments

Charges

Tick (✓) to specify the charges relating to the amendment

For the account of the beneficiary For the account of the applicant

Account number to be debited for charges: 0 0 0
Applicable only when charges are for account of the applicant

You confirm that you have read and agree to be bound by the Terms & Conditions herewith.

Signature:

Name:

Date: / / (dd/mmm/yyyy)
e.g. 01/JAN/2010

Signature:

If more than one signature needed

Name:

TERMS AND CONDITIONS

This application is subject to the Terms and Conditions set forth in the Application for Letter of Credit form which were duly filled in and signed by authorised signatories.