## APPLICATION FOR STANDBY LETTER OF CREDIT OR DEMAND GUARANTEE AMENDMENT



| You need Adobe Reader 9.0 to view this form. You can download Adobe Reader free of charge. PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED)   |   |
|--|---|
| To: The Manager  ANZ Trade and Supply Chain Select (Branch)  | Date (dd/mm/yyyy)                         |
| ANZ Trade and Supply Chain Select (Branch)   | Date (dd/mm/yyyy)                         |
| From: (Customer name and address, include company identification number if applicable):  |   |
| room (castomer name and address) metade company identification name  | п аррисале).                              |
|  |   |
|  |   |
| I/we request that ANZ arrange for the following irrevocable  | to be amended as follows:                 |
| ANZ Instrument Reference number  | Beneficiary                               |
|  |   |
|  |   |
| Original Amount (currency & amount in figures)   | New Amount (currency & amount in figures) |
|  |   |
|  |   |
| Original Expiry Date (dd/mm/yyyy)  | New Expiry Date (dd/mm/yyyy)              |
|  |   |
| Other Amendments required  |   |
|  |   |
|  |   |
| Charges:   |   |
| Debit our following account for all charges relating to this Instrument (payab   | le on establishment):                     |
| Currency   | Account Number                            |
|  |   |
| All other terms and conditions are to remain unchanged.  |   |
| This application is subject to, and we are bound by, the terms in the ANZ Trade Terms booklet and any other applicable Trade Agreements. We confirm that ANZ has given us the booklet or we have accessed it at anz.com/corporate and given us the other applicable Trade Agreements. We acknowledge |   |
| ANZ recommends that we read these documents and seek clarification from A  | ANZ about any issues of concern.          |
| Authorised Signature   | Name of Authorised Signatory              |
|  |   |
| Authorised Signature   | Name of Authorised Signatory              |
|  |   |
|  |   |
| Company stamp or chop (if applicable):   |   |
|  |   |
|  |   |
| BANK USE ONLY  |   |
| Date received (dd/mm/yyyy)   | Signature(s) verified                     |
| All had a say that   | Yes No                                    |
| All checks complete  | Approved by                               |
| Trade Relationship Officer   | Manager / Team Leader                     |
|  |   |