

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)

Enter Customer ID	Country
Select Bank	Bank Address

I/we request that you arrange for the following Documentary Credit to be amended 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			
Name		Name			
Ref No.					

DOCUMENTARY CREDIT AMENDMENT FORM



SHIPMENT

Port of Loading/Airport of Departure	Place of Taking Charge/Dispatch From/Receipt
Place of Final Destination/For Transportation To/Place of Delivery	Port of Discharge/Airport of Destination
Latest Shipment Date (dd/mm/yyyy)	
Please specify any changes to the Goods Description / Shipment details he	re

ATTRIBUTES

Additional conditions Please specify any changes to the additional conditions here

SETTLEMENT INSTRUCTIONS

Principal	At payment debi	t account No.		1 1	1 1	I	1 1	1 1		
	O At payment finar	ice at our cost in						for	da	ays
	FEC / Deal No.		Due date		I				 	
Charges	Debit Account No.			 					 	
	Cash Cover								 	
	(if Applicable)	Debit Account No.								

DOCUMENTARY CREDIT AMENDMENT FORM



This application is subject to the terms in the ANZ Trade Terms booklet. We confirm that ANZ has provided us with a copy of the booklet and all other applicable documents and recommends that we read them and seek clarification from ANZ about any issues of concern.

SIGNATORY

Company / Business Name	
Include company identification number if applicable	
ABN (only applicable in Australia)	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

OTL Cust ID

TRO/TSO Name & Phone

Signature/s Checked

Sanctions Checked

Fax Indemnity Checked

Workability Checked