

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	NE (TTPED)	Country			
]	Country			
Select Bank		Bank Address			
I/we request that you arrange for the following Doo	cumentary Credit to I	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 (de	d/mm/yyyy)			
PARTIES					
Applicant		Beneficiary			
Name		Name			
Ref No.					
SHIPMENT					
Port of Loading/Airport of Departure		Place of Taking Charge/Dispatch From/Receipt			
	ace of Delivery				
Port of Loading/Airport of Departure Place of Final Destination/For Transportation To/Pla	ace of Delivery	Place of Taking Charge/Dispatch From/Receipt Port of Discharge/Airport of Destination			
Place of Final Destination/For Transportation To/Pla Latest Shipment Date (dd/mm/yyyy)		Port of Discharge/Airport of Destination			
Place of Final Destination/For Transportation To/Pla		Port of Discharge/Airport of Destination			
Place of Final Destination/For Transportation To/Pla Latest Shipment Date (dd/mm/yyyy)		Port of Discharge/Airport of Destination			

ATTRIBUTES

Additional conditions

Please specify any changes to the additional conditions here

SETTLEMENT INSTRUCTIONS

Principal	At payment debit	account No.	1 1	1 1	I		1 1	I		I	1 1	I			
	At payment financ	e at our cost in										for	Γ		days
	FEC / Deal No.		Due	date	[1			1						
Charges	Debit Account No.		 							1				 	
	Cash Cover		 											 _	
	(if Applicable)	Debit Account No.												 	

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/myanmar and have read them.

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	Signature/s Checked	Fax Indemnity Checked
TRO/TSO Name & Phone	Sanctions Checked	Workability Checked