中国光大银行 香港分行
CHINA EVERBRIGHT BANK HONGKONG BRANCH

## Application For Amendment to Documentary Credit

To ：China Everbright Bank Co．，Ltd．，Hong Kong Branch

| Amendment to Irrevocable Documentary Credit No．（＂Credit＂） <br> Date and Place of Expiry of the Credit： |  | To be dispatched by（Air）Mail TeletransmissionCourier Collection at your counter |  |
| :---: | :---: | :---: | :---: |
| Applicant ： |  | Beneficiary： <br> Transferee（if applic |  |
| Original Credit | mount； | All other terms and understood that this transferee and the co | onditions of the Credit remain unchanged．It is ndment is subject to acceptance by the beneficiary， ming bank，if any． |
| Please amend th $\square$ Increase $\square$ Decrease Change $\square$ Change <br> Others： | Credit as follows ： <br> he amount by $\qquad$ amount by $\qquad$ <br> e expiry date to $\qquad$ <br> he latest shipment／deliv | $\qquad$ mak $\qquad$ mak <br> date to $\qquad$ | otal amount issued as $\qquad$ otal amount issued as $\qquad$ $\qquad$ |
| Please fix exchange rate for the increased amount covered by this amendment． <br> Please debit all charges to our account，no． $\qquad$ <br> All transfer charges are for account of the transferee． |  |  |  |
| Authorised Signature（s）and Company Chop |  |  |  |
| For Bank Use Only |  |  |  |
| On－line Data <br> Entered by： <br> Checked by： <br> Approved by： <br> ROT Checked by： <br> Date： | Credit Limit ： <br> Checked by： <br> （Date） <br> （Time） <br> Approved by： <br> （Date） <br> （Time） | Forward Contract <br> No．： <br> ＠ <br> Maturity On： <br> Confirmed by： | Insurance Coverage Applied via Blue Cross Client to arrange amendment to cover notice Insurance already covered by client |
| Amendment No．： |  | Issued on： |  |

