

To: **The Hongkong and Shanghai Banking Corporation Limited**

Office

Date of Amendment	day / month / year
	<input type="text"/>

**APPLICATION FOR AMENDMENT TO DOCUMENTARY CREDIT (DC)**

DC Number

Note: Please mark (X) where applicable.

Name of Applicant	Name of Beneficiary
Name of Contact Person	
Present Expiry Date and Place of DC	Present Amount of DC

**Amendment Details**

Amendment to be despatched by  
 Teletransmission     Courier     Air-mail     Collection at Counter, Contact Person

Increase     Decrease    the Amount of the DC by  to  (in all)

Amend Shipment Date to <input type="text"/>	Amend Expiry Date to <input type="text"/>	Amend Period for Presentation to <input type="text"/> days
<input type="radio"/> For all shipments	<input type="radio"/> For shipment(s) indicated in "Other Amendments" only	

Other Amendments

Please debit the amendment charges to  our Account Number   beneficiary's account.

Please debit  % payment (to be reimbursed if payment under DC not required) to our account number .

(For DCs issued in Macau SAR only)  
 Please arrange insurance for us with HSBC Insurance (Asia) Limited. HSBC Insurance (Asia) Limited is authorised to debit our account number  for the insurance premium once the policy is effected at the rate agreed.

We attach increased Insurance Cover Note.

For Bank Use Only		
Additional Margin	%	<input type="text"/>
Commission	%	<input type="text"/>
Telegrams		<input type="text"/>
Postage		<input type="text"/>
<b>Total</b>		<input type="text"/>
Captured by	Checked by	Approved by
Date <input type="text"/>		

s.v.

**X**  
 Authorised Signature(s) and Company Stamp (if applicable)