

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

Office

Date of this Application	day / month / year

APPLICATION FOR AMENDMENT TO TRANSFERRED DOCUMENTARY CREDIT (DC)

Transferred DC Ref. No.

Note: Please mark ("X") where applicable.

Name of First Beneficiary/Transferor	Name of Second Beneficiary/Transferee
First Beneficiary/Transferor Exports Account No.	
Name of Contact Person & Telephone No.:	
Master DC Number Issued by	Present Amount of Transferred DC

Amendment Details		
Amendment to be Despatched by		
<input type="checkbox"/> Teletransmission/SWIFT <input type="checkbox"/> Courier <input type="checkbox"/> Air-mail <input type="checkbox"/> Collection at Counter, Contact Person & Tel. No.		
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease the Amount of the Transferred DC by _____ to _____ (in all)		
Amend Shipment Date to	Amend Expiry Date to	Amend Period for Presentation to
<input type="checkbox"/> For all shipments <input type="checkbox"/> For shipment(s) indicated in "Other Amendments" only		days
<p><i>All other terms and conditions remain unchanged.</i></p> <p><i>Except so far as expressly stated, this amendment is subject to Uniform Customs and Practice for Documentary Credits (2007 Revision), International Chamber of Commerce Publication No. 600".</i></p>		

Please debit the amendment charges to
 our Account Number
 Second Beneficiary's/Transferee's account.

For Bank Use Only		
Commission	%	
Telegrams		
Postage		
Total		
Captured by	Checked by	Approved by
Date		

S.V.

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