Commonwealth Bank

Commonwealth Bank of Australia ABN 48 123 123 124

Request for Amendment to an Irrevocable Documentary Credit



I/We hereby request you to amend Irrevocable Documentary Credit nun	nber
Beneficiary for	
Please amend the abovementioned Documentary Credit as indicated b	elow:
Amend expiry date to	
Amend latest shipment date to	
Increase Decrease Credit by:	+/%
To new amount of:	+/-
Other amendments	
All other terms and conditions remain unchanged.	
I/We understand and acknowledge that any amendment to the abovementioned documentary credit will be treated in accordance with the requirements of Uniform Customs and Practice for Documentary Credits and	
Uniform Rules for Bank to Bank Reimbursements Under Documentary (issuance of the relevant documentary credit.	
I/We hereby authorise the Bank to debit its amendment fees and charge	es to my/our account
I/We declare that the details as shown on this form are complete and correct.	
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For and on behalf of	ACN/ABN
Full given name Full given name	
Authorised signature/s Authorised signature/s	Date
X	
Bank use only	
Approved within PCAA/CAA	
Against full cash cover of \$ Held in account number	
Signatures verified Authorised signature Name of Approving Officer Centre number	