

REQUEST FOR AMENDMENT TO IRREVOCABLE DOCUMENTARY CREDIT

To - Office / Branch:						Date:	
I/ We hereby request BSP Financial Group Limited to amend our Documentary Credit as per the following							
Documentary Credit No:							
Beneficiary's Name and address:							
Amount to be	'			by:			
Expiry Date to be amende	ad to:			Бу. [to [
Latest Shipment Date	ed to.						
to be amended to:							
Description of Goods to be amended to							
Transhipment to be amon	udad ta:						
Transhipment to be amended to:							
Part Shipment to be amended to:							
Additional amendment instruction (begin each instruction with a "+")							
This Credit is to be cancelled subject to the consent of the beneficiary. This credit remains valid until such time as the beneficiary's consent to cancel is received or by the expiry date being attained.							
is received of by the expir	ry date being attail	ieu.					
Signed for and on behalf of:	Name of individual's	company, partnershi	p or firm	Note (Signature to	be in accordance with	current authorities held by th	ne Bank).
Signature:							
			Name:				
Signature:							
			Name:				