



COMMERCIAL BANK OF MALDIVES

APPLICATION TO AMEND DOCUMENTARY CREDIT

Please mark "X" in appropriate boxes and fill up the form in BLOCK CAPITAL letters.

Applicant:	Branch:																
	Date:																
Telephone No:	LC No:																
Fax No:																	
Account No:	Beneficiary (as in original credit prior to amendment):																
Amend the above-mentioned credit as follows: Extend Shipment Date upto: Extend Expiry Date upto:																	
<table border="0"> <tr> <td></td> <td style="text-align: center;">Value Increase</td> <td style="text-align: center;">Value Decrease</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Currency</td> <td style="text-align: center;">Amount</td> <td></td> </tr> <tr> <td>Existing Value:</td> <td></td> <td></td> <td>Amend Partial Shipment to read as:</td> </tr> <tr> <td>New Value:</td> <td></td> <td></td> <td>Amend Trans-shipment to read as:</td> </tr> </table>		Value Increase	Value Decrease			Currency	Amount		Existing Value:			Amend Partial Shipment to read as:	New Value:			Amend Trans-shipment to read as:	
	Value Increase	Value Decrease															
	Currency	Amount															
Existing Value:			Amend Partial Shipment to read as:														
New Value:			Amend Trans-shipment to read as:														
Amendment to Description of Goods																	
Others	We request you to amend the above mentioned credit on our behalf for our account in accordance with the above instructions. We confirm that this request constitutes an integral part of the agreement to issue Documentary Credit signed by us and shall not in any way alter the undertaking to make payment thereunder. We authorize you to debit our account with stamp duty, margin and all other charges in connection with this amendment. We authorize you to add/amend and condition and/or any documents so that the original credit instrument would confirm to regulations and practice.																
All amendment charges to: (If charges are for beneficiary, it will be deducted from applicant until received from beneficiary)	Authorized Signature (s) (with Company Seal)																
FOR OFFICE USE ONLY	MVR Equivalent																
Margin Amount:	Exchange Rate:																
Commission:	Recommended:																
Authorized Signatory:	Approved by Branch Manager:																