

TO : KRUNGTHAI BANK PUBLIC COMPANY LIMITED

DATE : \_\_\_/\_\_\_/\_\_\_\_

REFERENCE	
D L/C NO. :	AMOUNT :
DATE ISSUE : ___/___/____	EXPIRY DATE : ___/___/____
BENEFICIARY'S NAME :	

DEAR SIRs,

IN CONNECTION WITH THE SUBJECT CREDIT. I / WE REQUEST YOU TO MAKE THE FOLLWING AMENDMENT:

DATE
<input type="checkbox"/> DELIVERY DATE EXTENDED TO ___/___/____
<input type="checkbox"/> EXPIRY DATE EXTENDED TO ___/___/____
AMOUNT
<input type="checkbox"/> AMOUNT OF THE CREDIT TO BE INCREASED BY _____ TO _____ COVERING _____
<input type="checkbox"/> AMOUNT OF THE CREDIT TO BE DECREASED BY _____ LEAVING A BALANCE OF _____
DELIVERY
<input type="checkbox"/> PARTIAL DELIVERY <input type="checkbox"/> ALLOWED <input type="checkbox"/> NOT ALLOWED
<input type="checkbox"/> TRANSHIPMENT <input type="checkbox"/> ALLOWED <input type="checkbox"/> NOT ALLOWED
<input type="checkbox"/> FROM _____
<input type="checkbox"/> TO _____
OTHERS TERM AND CONDITIONS REQUIRED

I / WE HEREBY AGREE TO PAY FOR ANY LIABILITIED AND BANK'S CHARGES WHICH MAY BE INCURRED UNDER THESE AMENDMENTS BY DEBITING MY / OUR ACCOUNT WITH YOU.

I / WE HAVE ENCLOSED HEREWITH COPY OF \_\_\_\_\_

FOR BANK'S USE ONLY		
D.L/C No. :	SIGNATURE	APPROVED BY
DATED :    /    /	VERIFIED BY	

YOURS FAITHFULLY

AUTHORIZED SIGNATURE(S)

ATTACHMENT

AS PART OF APPLICATION FOR AMENDMENT TO IRREVOCABLE DOCUMENTARY CREDIT

CURRENCY AND AMOUNT :

DATE : \_\_ / \_\_ / \_\_\_\_

Large empty rectangular area for the attachment content.

YOURS FAITHFULLY

AUTHORIZED SIGNATURE(S)