


To: HSBC Bank Middle East Limited – Algeria Branch

APPLICATION for AMENDMENT TO DOCUMENTARY CREDIT (DC)

Applicant (Name and address)	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	DC No:
Contact person: Phone no. Fax/email	Advising Bank (if known)	
	DC Present Currency and Amount in figures:	
Beneficiary (Name and address)	DC Present Currency and Amount in Words:	
Contact person: Phone no. FaX/email	Present Expiry date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
	Place of expiry:	
	<i>Note: Terms used herein shall, unless the context otherwise requires, have the same meanings as are set out in the Application for Irrevocable Documentary Credit (DC).</i>	
Please amend the above credit as follows:		
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease		
the amount of the credit by	(in figures)	(in words).
Making a new total of	(in figures)	(in words) in all.
<input type="checkbox"/> Extend expiry date	<input type="checkbox"/> Amend presentation period	
<input type="checkbox"/> Extend shipment date	<input type="checkbox"/> Other Amendments	
Debit charges to account of: <input type="checkbox"/> Beneficiary <input type="checkbox"/> Our account number	<input type="checkbox"/> We attach increased insurance policy / certificate	
All other terms and conditions remain unchanged		
NOTICE TO THE APPLICANT We wish to draw your attention to Articles 10c of UCP and advice you to fully (and not partially) obtain the beneficiary's express consent to the proposed amendment prior to issuance of the amendment. Please also advise the beneficiary that if the beneficiary fails to notify its acceptance to the amendment then any complying presentation under the Documentary Credit will be deemed to be a notification of acceptance of such amendment by the beneficiary		
I/We certify that I/We hold a valid import licence sufficient to cover any increase contained in this amendment where such licence is required. Authorised Signature(s) and Company Stamp (if applicable) <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	FOR BANK USE ONLY	
	Additional margin: % <input type="checkbox"/>	
	Commission: % <input type="checkbox"/>	
	Telegrams/Telex <input type="checkbox"/>	
	Courier <input type="checkbox"/>	
	TOTAL <input type="checkbox"/>	
	Entry passed	Approved by: