

APPLICATION FOR AMENDMENT TO IRREVOCABLE COMMERCIAL LETTER OF CREDIT

Letter of Credit Number:

PLEASE CHECK AND COMPLETE APPLICABLE BOXES BELOW.

We ("Applicant") request you, Union Bank of California, N.A. ("Bank") to amend the captioned commercial letter of credit ("Credit") as follows by: Telex/SWIFT or Courier

BENEFICIARY NAME

Credit amount: increased or decreased by

Total Amount Now:

(in figures and words, including currency type)

Expiry Date of Credit now extended to: (Month/Day/Year)

Latest Date for Shipment/Dispatch/Taking In Charge now extended to: (Month/Day/Year)

SHIPPING/PRICE TERMS are now to read:

(Specify):

INSURANCE now: Required Deleted

FREIGHT now: Collect Prepaid

PARTIAL SHIPMENTS now: Allowed Not Allowed

TRANSSHIPMENTS now Allowed Not Allowed

SHIPMENT/DISPATCH/TAKING IN CHARGE FROM/AT now:

FOR TRANSPORTATION now:

SHIPMENT DESCRIPTION now to read: (Brief description of goods)

ADDITIONAL DOCUMENTS now required:

Insurance policy/certificate in duplicate endorsed in blank for at least 110% of the gross invoice value (specify coverage):

Other (Specify):

OTHER AMENDMENTS:

SPECIAL INSTRUCTIONS TO BE INCLUDED IN THE CREDIT:

SPECIAL INSTRUCTIONS TO BANK:

IMPORTANT NOTICE

(A) Applicant understands that this amendment is subject to acceptance by the beneficiary and Bank. All other terms and conditions of Credit shall remain unchanged, and all of our obligations and liabilities to you with respect to Credit shall apply to Credit as so amended.

(B) Applicant understands that the final form of the amendment to Credit may be subject to such revision and changes as are deemed necessary or appropriate by Bank and Applicant hereby consents to such revisions and changes.

NAME OF APPLICANT

AUTHORIZED SIGNATURE(S)

DATE

X

TELEPHONE NUMBER

ACCOUNT NUMBER

()

BANK USE ONLY

Amendment Commission (increase/extension): _____ % per 3 months (Min. \$ _____). Amendment Commission (Narrative) \$ _____

ACCOUNT OFFICER'S APPROVAL	ADDITIONAL ONCURRENCE	OFFICE PHONE NUMBER	RC NUMBER	OFFICE NUMBER	CUSTOMER CODE
X	X				

SIGNATURE VERIFIED BY LIABILITCONTROL	FAX AGREEMENT ON FILE	LINE AVAILABILITY (Unit \$1,000)
Initials: _____ Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Current Amount: \$ _____ This L/C + _____ %: \$ _____