

CALIFORNIA BANK & TRUST

International Banking Group

550 South Hope Street, 3rd Floor
Los Angeles, CA USA 90071
213-593-2124 Fax: 213-593-2144 - IBGops@calbt.com

AMENDMENT APPLICATION FOR LETTER OF CREDIT

DATE:

APPLICANT Name and Address

BENEFICIARY Name and Address

Tel _____ Fax _____
Email _____

Tel _____ Fax _____
Email _____

Letter of Credit Number:

Date of Letter of Credit:

Please amend this Letter of Credit as follows:

1) INCREASE DECREASE AMOUNT OF LETTER OF CREDIT BY: _____

TO AN AGGREGATE AMOUNT OF: _____.

2) LATEST SHIPMENT DATE CHANGED TO: _____.

3) EXPIRATION DATE CHANGED TO: _____.

OTHER:

AMENDMENT CHARGES FOR ACCOUNT OF APPLICANT BENEFICIARY.

We understand that this amendment is subject to acceptance by the beneficiary. All other terms and conditions of the Letter of Credit remain unchanged.

Applicant Name _____

Applicant's Bank Name _____

Applicant Signature _____ Date _____

Authorized Signature _____ Date _____

Name & Title _____

Name & Title _____

BANK USE ONLY BELOW THIS LINE

Date:	Office Name:	Office Number:	Customer Signature Verified by:	Managers Signature:	APPROVAL UNDER: <input type="checkbox"/> Manager Authority <input type="checkbox"/> CP Approval
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