

APPLICATION FORM FOR AMENDMENT LETTER OF CREDIT-i

Please Tick (\checkmark) where appropriate:

For Bank's Use Only: App	or Bank's Use Only: Applicant For Bank's Use Only :				
NAME OF APPLICANT		ITEM	DATE		
	Received				
	Acknowledgement				
	Assigned to:				
FACILITY		Reviewed by:			
PURPOSE		Documents complete	Yes	No	
PROJECT DESCRIPTION					



APPLICATION TO AMEND LETTER OF CREDIT - i

APPLICANT:

MALAVSIA	
1.0 PARTICULARS ON APPLICANT (S)	
Name	
Address	
2.0 ORIGINAL CREDIT DETAILS	
LC-i No :	
Cur & Amount :	
Beneficiary :	
3.0 AMENDMENT REQUEST	
Extend LC-i expiry date	
Change in amount	
Others (please specify)	
4.0 AMENDMENT DETAILS	
	2. Change in Amount
From:	Increase by
To New	Decrease by
Expiry:	
'	New amount (Cur:)
3. Others (please clearly specify)	
All other terms and conditions remain unchanged.	
5.0	
Mode of transmission	To be issued
Please issue the amendment(s) by:	On my/our behalf and for my/our account.
Teletransmission	On behalf of
Airmail	and for my/our Account.
Courier	
6.0 ACCEPTANCE BY BENEFICIARY	
I/We agree that any amendments are subject to the acceptance / consent by the benefici	ary.
5.0 CHARGES	
 Please credit all the charges to EXIM Bank's account with: i) ii) 	



Declaration

I/we hereby declare that the information given on this Form and in other related documents are true and correct and in full compliance with the Central Bank of Malaysia Act 2009. I/we shall be fully responsible for any inaccurate, untrue or incomplete information provided. I/we also authorize the Bank to make this information available to Bank Negara Malaysia in compliance with the Central Bank of Malaysia Act 2009 or any other new enhancement or requirement introduced by Bank Negara Malaysia from time to time. The amendment of Letter Credit-i is subject to the Uniform Customs and Practices for Documentary Credits, International Chamber of Commerce Publication currently in force as many be amended from time to time.

APPLICANT'S AUTHORIZED SIGNATURE(S) AND COMPANY STAMP		FOR BANK USE ONLY		
	Additional Margin %			
	Commission %			
	Telegrams			
	Postage			
	Total			
	Signature Verified		Entry Passe	d

We hereby declare that all the details given are true to the best of our knowledge and hereby give our consent to EXIM Bank to conduct the necessary credit checking with the relevant agencies.

	Authorized Signatory	Company	/ Stamp
Name			
Designation		Date	

HOW DID YOU GET TO KN	HOW DID YOU GET TO KNOW EXIM BANK?		CONTACT PERSON		
Please tick (✓) Where App	licable]	Name	C	
Seminar/Talk/Exhibition	Business Associates/Friends				
Media (TV, Billboard, etc.)					
Others (please specify):					

irect Line Email

Please send your application with your supporting documents to :

Export-Import Bank of Malaysia Berhad

Level 1, EXIM Bank

Jalan Sultan Ismail 50250 Kuala Lumpur

Tel: (603) 2601 2000 Fax: (603) 2601 2453

Website Address : <u>www.exim.com.my</u>

(On Company's Letterhead)

(Participating Financial Institutions Address)

Dear Sir/Madam

REF: ACCOUNT NO.

We hereby give our authorisation for you to provide information requested by Export-Import Bank of Malaysia Berhad pertaining to our account (s) with your financial institution.

Your cooperation is highly appreciated.

Yours faithfully,

.....

(Authorized Signatory (ies))

Name :

Position:

Date: