



You need Adobe Reader 9.0 to view this form. You		be Rea	ader free of charge.					
PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED) Enter Customer ID		Country						
Select Bank			Bank Address					
I/we request that you arrange for the following Doc	cumentary Credit to l	be ame	ended as follows:					
GENERAL	No. Telement							
Credit Number	New Tolerance			+/-	%(if any)			
C. I. A	6							
Credit Amount	Currency							
New Credit Amount	Currency							
		L	, ,					
Current Expiry Date (dd/mm/yyyy)	New Expiry Date (dd/mm/yyyy)							
PARTIES								
Applicant			Beneficiary					
Name			Name					
Ref No.								
SHIPMENT								
Port of Loading/Airport of Departure			Place of Taking Charge/Disp	patch From/Receipt				
control accounting, imported, a separation			3 3	•				
Place of Final Destination/For Transportation To/Place of Delivery			Port of Discharge/Airport o	f Destination				
·	·		<u> </u>					
Latest Shipment Date (dd/mm/yyyy)								
Please specify any changes to the Goods Description	on / Shipment details	here						

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DOCUMENTARY CREDIT AMENDMENT FORM



ATTRIBUTES

Additional condition	ons							
Please specify any	changes to the additional cor	nditions here						
SETTLEMENT INST	TRUCTIONS							
Principal At payment debit account No.								
	At payment finance	At payment finance at our cost in		for days				
	FEC / Deal No.			Due date				
Charges	Debit Account No.					1 1 1 1 1		
	Cash Cover							
	(if Applicable)	Debit Account No.						
	ubject to the terms in the ANZ Ti nts and recommends that we re						and all other	
Company / Busines	s Name							
Include company id	dentification number if applica	hle						
				Date (dd/mm/y)	ww			
ABN (only applicable in Australia)								
Authorised Signatu				Authorised Sign	ature			
Name of Authorise	d Signatory			Name of Authorised Signatory				
Company stamp or	chop (if applicable):							
BANK USE ONLY								
OTL Cust ID								
			Signature	/s Checked	Fax In	demnity Checke	ed	
TRO/TSO Name & P	Phone							
			Sanctions	Checked	Work	ability Checked		