



You need Adobe Reader 9.0 to view this form. You can download Adobe Reader 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 Documentary Credit to be amended as follows:

GENERAL

Credit Number

New Tolerance

+/-

%(if any)

Credit Amount

Currency

New Credit Amount

Currency

Current Expiry Date (dd/mm/yyyy)

New Expiry Date (dd/mm/yyyy)

PARTIES

Applicant

Name

Beneficiary

Name

Ref No.

SHIPMENT

Port of Loading/Airport of Departure

Place of Taking Charge/Dispatch From/Receipt

Place of Final Destination/For Transportation To/Place of Delivery

Port of Discharge/Airport of Destination

Latest Shipment Date (dd/mm/yyyy)

Please specify any changes to the Goods Description / Shipment details here



ATTRIBUTES

Additional conditions

Please specify any changes to the additional conditions here

[Empty text box for additional conditions]

SETTLEMENT INSTRUCTIONS

Principal

At payment debit account No. [input box]

At payment finance at our cost in [input box] for [input box] days

FEC / Deal No. [input box] Due date [input box] [input box] [input box]

Charges

Debit Account No. [input box]

Cash Cover (if Applicable) Debit Account No. [input box]

This application is subject to the terms in the ANZ Trade Terms booklet. We confirm that ANZ has provided us with a copy of the booklet and all other applicable documents and recommends that we read them and seek clarification from ANZ about any issues of concern. **SIGNATORY**

Company / Business Name

[input box for Company / Business Name]

Include company identification number if applicable

ABN (only applicable in Australia)

[input box for ABN]

Date (dd/mm/yyyy)

[input box] [input box] [input box]

Authorised Signature

[input box for Authorised Signature]

Authorised Signature

[input box for Authorised Signature]

Name of Authorised Signatory

[input box for Name of Authorised Signatory]

Name of Authorised Signatory

[input box for Name of Authorised Signatory]

Company stamp or chop (if applicable):

BANK USE ONLY

OTL Cust ID

[input box for OTL Cust ID]

Signature/s Checked

Fax Indemnity Checked

TRO/TSO Name & Phone

[input box for TRO/TSO Name & Phone]

Sanctions Checked

Workability Checked