

REQUEST FOR AMENDMENT TO IRREVOCABLE DOCUMENTARY CREDIT

To - Office / Branch:					Date:	
I/ We hereby request Bank of South Pacific Limited ("Bank") to amend our Documentary Credit as per the following						
Documentary Credit No:						
Beneficiary's Name and addres	55:					
Amount to be			by:		to	
C Expiry Date to be amende	ed to:					
Latest Shipment Date to be amended to:						
O Description of Goods to be amended to						
 Transhipment to be amen Part Shipment to be amer Additional amendment in 	nded to:	ch instruction with a "+")				
This Credit is to be cancelled subject to the consent of the beneficiary. This credit remains valid until such time as the beneficiary's consent to cancel is received or by the expiry date being attained.						
Signed for and on behalf of:	Name of individual's	company, partnership or firm	Note (Signatur	e to be in accordance with	n current authorities held by	the Bank).
Signature:						
		Name:				
Signature:						
		Name:				