

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 address:							
Amount to be				by:		to	
Expiry Date to be amende	ed to:						
Latest Shipment Date to be amended to:							
Description of Goods to be amended to							
Transhipment to be amended to:							
Part Shipment to be amended to:							
Additional amendment instruction (begin each 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 partnersh	nin or firm	Note (Signature to be in a	ccordance with current	t authorities held by th	e Rank)
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			Name:				
Signature:							
			Name:				