

**APPLICATION FOR CHANGES IN THE TERMS AND CONDITIONS**

(The Application is filed by entities with corporate existence):

of Documentary Letter of Credit No \_\_\_\_\_;

Beneficiary (before change)  ..... (full name and address)	Applicant  ..... (full name and address)
Advising Bank  .....  “Advise through” bank  .....	Amount and currency (before change): .....  Tolerance (before change) (+) ____ (-) ____  In words:   Expiry place and date (before change):

**Please make the following changes in the terms and conditions of above mentioned documentary:**

- increase / decrease in the Letter of Credit by: \_\_\_\_\_  
up to: \_\_\_\_\_  
amended amount in words: \_\_\_\_\_
- new validity term of the Letter of Credit:  
\_\_\_\_\_
- new shipment date: \_\_\_\_\_
- new tolerance: (+) \_\_\_\_\_ (-) \_\_\_\_\_
- other change: \_\_\_\_\_  
\_\_\_\_\_

In case of additional conditions to the Application for changes in the terms and conditions of documentary Letter of Credit please fill in the Addendum to this Application.

**Costs and commissions of BANK HANDLOWY W WARSZAWIE S.A. to be paid by the:**

Beneficiary                       Applicant

**Costs and commissions of intermediary banks to be paid by the:**

Beneficiary                       Applicant

Other \_\_\_\_\_

Beneficiary                       Applicant

**The remaining terms and conditions of the Letter of Credit remain unchanged.**

*Applicant:*

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*Place and date*

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*Stamp, name and surname of authorized person, signature(s)  
(Signature(s) of authorized representatives - as per the National Court Register,  
unless a separate Power of Attorney has been provided)*

*For information contact:*

*Phone:*

*E-mail:*

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**Appendix to Application for changes in the terms and conditions of Documentary Letter of Credit nr**

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1. *Specification of additional documents required in respect to the Documentary Letters of Credit*

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2.	
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5.	

2. *Specification of additional conditions to the Application for changes in the terms and conditions of Letter of Credit:*

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*Applicant:*

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*Place and date*

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*Stamp, name and surname of authorized person, signature(s)  
Signature(s) of authorized representatives  
- as per the National Court Register, unless a separate Power of Attorney has been provided*