

Will be filled in by the bank

BCR Branch/Agency _____
Registration number and date _____

APPLICATION FOR AMENDMENT OF DOCUMENTARY CREDIT

TO: Banca Comerciala Romana S.A. [the Bank]

Applicant (Company Name & Address): _____ Headquarters: _____ _____ Fiscal code: _____ _____ Contact person: _____ Phone: _____ E-mail: _____	Documentary Credit no: _____ Currency and amount: in figures: _____ _____ in words: _____ _____ tolerance in amount: [] plus __ % [] minus __ %
<p>We hereby request you to make the following amendment (s) to the above documentary credit:</p> <p>[] Latest shipment date change to: __/__/20__ [] Expiry date change to: __/__/20__</p> <p>[] Period for presentation of documents __-__ days</p> <p>[] Partial shipment is: [] Allowed [] Not allowed [] Transshipment is: [] Allowed [] Not allowed</p> <p>[] Documentary Credit amount decreased by (currency & amount in figures) _____ new total amount _____</p> <p>[] Description of goods / services amended to be read: _____</p> <p>_____</p> <p>[] Other amendments (please specify) _____</p> <p>_____</p> <p>[] Amendment charges are for the account of: [] Applicant [] Beneficiary</p> <p>All other terms and conditions remain unchanged.</p> <p>We hereby authorize you to debit our account maintained with you for all commissions, fees, charges payable or incurred in connection to this amendment according to the tariff in force, in case the amendment charges are on the applicant's account.</p> <p>The legal relations which take rise through the transmission and acceptance of this letter are subject to the provisions of the terms and conditions of the General Business Terms and Conditions for Legal Entities and Authorized Persons (as they are posted on the Bank's website (www.bcr.ro). We agree to be bound by such terms and conditions.</p>	
All information on this application are true and complete. Applicant's authorized signatures and stamp: _____ Date __/__/____	Will be filled in by the Bank: [] The validity of the cash collateral deposit has been postponed according to the new expiry date + 15 days / new maturity date of the l/c [] In case of l/c opened by credit, the ceiling will be allocated until the new expiry date +15 days in case of sight l/c and until maturity date in case of deferred l/c We confirm that the Applicant's signatures appearing on this form are legally binding upon the Company. Authorized signature(s) for the Bank: _____ Date __/__/____