



To: Al Rajhi Bank

Application for Amendment to Irrevocable Documentary Letter Of Credit

Amendment No: (for Bank Use)	LC Number:	Amount:	Date:
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We hereby request you to amend on our behalf your irrevocable letter of credit at our full responsibility by Full Swift with the following instructions:

Applicant Name:	Beneficiary Name:
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Amendment Instructions: (pls. select)

- Extend the expiry date to:
- Extend shipment date to:
- Increase the amount of the LC by : Making the new total of:
- Decrease the amount of the LC by : Making the new total of:

(Decrease the amount of the LC is subject to the beneficiary consent)

Other amendments, if any: (Pls. specify)

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All other terms and conditions remain unchanged**Contact Person for Clarification:**

Name:

Tel.No:

MobileNo:

We authorize you to debit our SAR/FCY Account No. (as mentioned below) or any other account with you for margin, commissions, swift, courier services, or any other express services incurred by you under this LC without referring to us.

Account Number:**Applicant's Name:****Applicant's Signature**