

APPLICATION FOR AMENDMENT TO THE ISSUANCE OF DOCUMENTARY CREDIT

TO: CHANG HWA COMMERCIAL BANK, LTD. HONG KONG BRANCH
 Incorporated in Taiwan (Republic of China) with limited liability

DATE OF APPLICATION:

ADVISING BANK (if know)	CREDIT NO. AND DATE
	APPLICANT (NAME AND ADDRESS)
TO BE ADVISED BY: <input type="checkbox"/> TELETRANSMISSION <input type="checkbox"/> COURIER <input type="checkbox"/> AIRMAIL	BENEFICIARY (NAME AND ADDRESS)

WE HEREBY REQUEST YOU TO AMEND THE ABOVE-MENTIONED CREDIT AS MARKED BELOW:

- 01 EXPIRY DATE: _____
- 02 LATEST DATE FOR SHIPMENT: _____
- 03 SHIPMENT TO BE EFFECTED BY AIRWAY/SEAWAY
- 04 SHIPMENT, FROM _____ FOR TRANSPORTATION TO _____
- 05 TRADE TERM: _____
- 06 PARTIAL SHIPMENT ALLOWED/PROHIBITED
- 07 TRANSHIPMENT ALLOWED/PROHIBITED
- 08 BENEFICIARY'S NAME AND ADDRESS TO BE READ AS FOLLOW: _____
- 09 CREDIT AMOUNT DECREASED BY _____ MAKING NEW TOTAL AMOUNT _____
- 10 CREDIT AMOUNT INCREASED BY _____ MAKING NEW TOTAL AMOUNT _____
 SHIPMENT OF ADDITIONAL GOODS: _____
- 11 OTHERS

ALL OTHER TERMS AND CONDITIONS WILL REMAIN UNCHANGED.
 WE HEREBY AGREE THAT WE SHALL NOT CAUSED YOU ANY LOSS OR TROUBLE WHATSOEVER IN CONSEQUENCE
 OF THE ALTERATION(S) AND UNDERTAKE TO ASSUME ALL OUR RESPONSIBILITIES AS PLEDGED IN THE ORIGINAL
 APPLICATION OF THIS DOCUMENTARY CREDIT

PLEASE DEBIT ALL CHARGES AND ADDITIONAL MARGIN TO OUR ACCOUNT NO.	(STAMP AND) SIGNATURE(S) OF APPLICANT	FOR BANK USE APPROVED
INSURANCE (WHERE INCREASE TO CREDIT AMOUNT IS REQUIRED) <input type="checkbox"/> AS PER OPEN POLICY HELD BY BANK <input type="checkbox"/> AS PER COVER NOTE ATTACHED <input type="checkbox"/> TO BE COVERED BY ULTIMATE BUYER <input type="checkbox"/> WILL BE SUBMITTED WITHIN 7 DAYS <input type="checkbox"/> PLEASE COVER INSURANCE ON OUR BEHALF AND DEBIT OUR A/C FOR THE INSURANCE PREMIUM		CHECKED Maked S. V.