

Irrevocable Documentary Credit (DC) Amendment Form

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To: Emirates Islamic Ba	ank PJSC.												L							
We(Applicant) request you					ha Daai		C d	:+ /DC	27.5-				ما م ما							_
								It (DC	,) TO	or our account in ac	ccordai	ice with t	ine b	elow in	ISTIL	ictions.				
DC Number																				_
DC CCY & Amount																				_
Beneficiary																				_
Please amend the D																				
																		(in	figures	
		Tedoca [words)	
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Partial Shipmen	_									Transshipment no	_	ot Allowe	vd.							
Allowed		llowed								Alloweu		Ut Allowe	:u							-
Special condition	ns/instruct	ions (if a	ny)																	
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																				_
All other terms and	conditions r	emain ur	nchange	d.																
All the bank charges								t limit	ted	to, an amount char	rged in	respect o	of any	y applic	abl	e Value	Added	Tax o	r any	
other similar sales ta	x (VAT) are to	the acco	ount of	Benefi	iciary	Арр	licant													
								-												
Name									_Те	el. Number		Fa	ax Nu	ımber/l	Ema	ıil				_
					(For ar	ny clarifi	ication wi	th rega	ard t	to this application)										
I/We agree that, except	r so far as oth	erwise ex	ynressly s	tated th	nis credi	t will h	e suhiec	t to th	he I	Iniform Customs a	nd Prai	rtice (UCI	P) fo	r Comn	nerc	ial Doci	ıment	arv Cre	edits lat	est.
revision of the Internati																				
of Conditions set forth	in the DC app	olication.																		
Account Number																				
									F	or Bank Use										
									F	ax Indemnity Held	Πv	es N	No	Sign	atur	re Verifie	ed			
										,,	I	I	40	3						
Sig	gnature of App	licant with	Company S	Stamp/Se	al			- [

For further information, please visit emirates is lamic.ae or call 04-4152347. V08/18