Habib Bank AG Zurich

(Incorporated in Switzerland 1967)

LC amendment application

Fill in BLOCK *letters and check ☑ where appropriate*

HBZ Sirat

Date ____ ____ ____
day month year

_____ Branch,

United Arab Emirates.

CUSTOMER REFERENCE

Customer account number 0 2 - - - - - - -
22 digits

Account title _____

LC number _____ LC Date ____ ____ ____
day month year

Amount _____

Beneficiary _____

With the consent of the beneficiary(s), please amend the Letter of Credit by ☐ Courier or ☐ SWIFT and debit all your charges to the account specified above.

AMENDMENT DETAILS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____
authorized signatory(s)

FOR OFFICE USE

Commission	AED
Courier charges	AED
SWIFT charges	AED
Total	AED

SV

_____
signature

verified by _____

NOTE:
- In the case of multiple signatories, authorized signatories must sign as per the account mandate.
- The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer.