APPLICATION TO AMEND BANK GUARANTEE-i



INSTRUCTION

I/We hereby request you to issue an amendment to the original Bank Guarantee-i in accordance with the undermentioned particulars and I/we agree to be bound by the terms and conditions under the original Bank Guarantee-i application.

DATE OF THIS APPLICATION:	
APPLICANT (FULL NAME AND ADDRESS):	
Name:	<u> </u>
Address:	
-	
ORIGINAL BANK GUARANTEE-i DETAILS	
Bank Guarantee-i No. :	
Amount & Currency :	
Expiry date :	
Beneficiary :	
AMENDMENT REQUEST	
☐ Extend Bank Guarantee-i expiry date	
$\ \square$ Increase / Decrease (delete either one) in Amount	
Others (please specify)	
AMENDMENT REQUEST	
Extend Bank Guarantee-i expiry date	New Claims Period
	New Claims Period From:
	From :
From :	From :
From :	From :
From : To New Expiry : Amend in Amount	From : To : No. of Days :
From : To New Expiry : Amend in Amount	From : To :
From To New Expiry Amend in Amount In figures & Currency	From : To : No. of Days :
From To New Expiry Amend in Amount In figures & Currency	From : To : No. of Days :
From To New Expiry Amend in Amount In figures & Currency	From : To : No. of Days :
From To New Expiry Amend in Amount In figures & Currency In words	From : To : No. of Days :
From To New Expiry Amend in Amount In figures & Currency In words	From : To : No. of Days :
From To New Expiry Amend in Amount In figures & Currency In words	From : To : No. of Days :
From To New Expiry Amend in Amount In figures & Currency In words Others: (please specify in details)	From : To : No. of Days :
From To New Expiry Amend in Amount In figures & Currency In words Others: (please specify in details) *All other terms and conditions remained unchanged	From : To : No. of Days :
From To New Expiry Amend in Amount In figures & Currency In words Others: (please specify in details) *All other terms and conditions remained unchanged BENEFICIARY CONSENT	From : To : No. of Days :

AIS/BG-i(AMEND)/AUGUST22

ACCEPTANCE BY BENEFICIARY I/We agree that any amendment is subject to the acceptance / consent of the Beneficiary.			
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DESPATCH / COLLECTION INSTRUCTIONS (mandatory, please choose either one)			
☐ Despatch directly to Applicant by courier Name Person-In-Charge (Full):			
Contact no. (Office/Mobile):			
Address (Full)			
□ Applicant to collect from HQ / Trade Window* (please specify	_)		
□ Special Instructions (if any):			
CHARGES			
□ Debit all charges and commission to my/our Account No with Alliance Islamic Bank/Alliance Bank.			
□ Others (Please specify)			
	FOR BA	ANK USE ONLY	
	Signature(s) verified by:		
	voilliou by.		
AUTHORISED SIGNATORY(IES) & COMPANY STAMP			
Note: (1) Mandatory to complete form and tick √ where applicable.			
(2) Details of Islamic Trade Finance Fee & Charges is available in our website https://www.alliancebank	c.com.my		