

APPLICATION FOR AMENDMENT TO FOREIGN REMITTANCE

DATE: _____

YOUR REMITTANCE NO.	
BENEFICIARY'S BANK	
AMOUNT	
BENEFICIARY	
DATE OF REMITTANCE	

I/WE HEREBY REQUEST YOU TO MAKE AN AMENDMENT TO THE ABOVE MENTIONED REMITTANCE TO THE PAYING BANK BY CABLE (OR BY MAIL, WHEN CIRCUMSTANCES COMPEL IT) AS SPECIFIED BELOW:

ORIGINAL TERMS
AMENDED TERMS

I/WE AGREE THAT THIS REQUEST SHALL BE HANDLED IN ACCORDANCE WITH THE CONDITION GOVERNING APPLICATION FOR REMITTANCE SET FORTH AT THE BACK OF THE APPLICATION FOR REMITTANCE FORM. I/WE FURTHER UNDERTAKE THE RESPONSIBILITY TO SETTLE ANY DISPUTE CAUSED IN CONNECTION WITH THIS REQUEST, AND TO PROTECT YOUR BANK FROM ANY EXPENSE, LOSS OR DAMAGES ARISING THEREFROM.

FOR THE BANK CHARGES PLEASE DEBIT OUR ACCOUNT NO. _____

 COMPANY NAME

 AUTHORIZED SIGNATORY/IES
 (Signature over printed name/s)

Signature Verified

FOR BANK USE ONLY

 Bank Charges: Handling Fee : _____
 Cable : _____
 Other Fees : _____
TOTAL BANK CHARGES : _____

Manager	Checker	Clerk

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