Application for Amendment of Import LC (This form is to explain the application form and should not be used in place of the actual application form)

MIZUHO Mizuho Bank APPLICATION FOR AMENDMENT TO IRREVOCABLE DOCUMENTARY CREDIT (LETTER OF CREDIT) (Electronic format) 08.09.20XX To: Mizuho Bank, Ltd., Singapore Branch (ALL FIELDS MARKED WITH * ARE MANDATORY) (Please complete and tick the applicable boxes) *BENEFICIARY'S NAME AND ADDRESS XB1234567TK09876 *Date: 02.09 20XX 12 PEDDER ST. CENTRAL HONG KONG We hereby request you to amend the above mentioned documentary credit ("Letter of Credit") as follows: Expiry date of Credit extended to 15/10/20XX Latest Shipment date extended to 30/09/20XX USD - US Dollar USD - US Dollar • -✓ Amount increased / □ decreased by 15,000.00 315,000.00 Check for items to be amended 9 covering additional shipment of Other amendments (Please specify, attach separate sheet if necessary) GENERAL CONDITIONS (Unless otherwise indicated in the box provided) All other terms and conditions remain unchanged. for beneficiary's account All bank charges in relation to this Amendment are for our account unless indicated. We confirm that all charges in relation to this Amendment will be for our account if refused by beneficiary. This Amendment is subject to the provisions of the Uniform Customs & Practice for Documentary Credits (2007 Revision), ICC Publication 600 or any revision thereof applicable at the time of application. *SETTLEMENT Debit our account with you (account no. / ccv) (Party to whom credit facility is granted by Bank (the "Customer")) (This is to be completed if a third party is to be the Applicant in the Letter of Credit) In consideration of you agreeing pursuant to the above request to amend the pursuant to the aforesaid request, we, the undersigned, hereby agree and abovementioned Letter of Credit which is made at our request and on our behalf, we shall by our signature below be bound to indemnify you as joint obligor for all losses, damages, payments, costs (including legal costs on a full indemnity basis), expenses and interest incurred in connection with the proposed amendment(s) to the Letter of confirm that all the terms and conditions, including any indemnity given in your favour, governing the application of the Letter of Credit issued by you shall apply in full force and effect to the Amended Letter of Credit and to this Credit and shall jointly and severally be liable with the Customer in respect of such indemnification. We hereby agree and confirm that the terms and conditions, including any indemnity given in your favour governing the application of the Letter of Credit issued by you shall apply in full force and effect to the Amended Letter of Credit and to this Application to amend the Letter of Credit. Telephone Fax: Email: Signature Verified Authorised Signatory(ies) (Company Stamp, if any) Authorised Signatory(ies) (Company Stamp, if any) (Name and Designation)(FOR 3RD PARTY COUNTER SIGNATURE) FOR BANK USE ONLY

■ Please fill in the bold frame (In the case of \square please mark \checkmark).

| Number | Item name | Contents |
|--------|--|--|
| 1 | Requested Date | · Fill in the date of your request. |
| 2 | Customer reference number | · If there is your reference number other than the bill number, fill in |
| 3 | Beneficiary name, | • Fill in beneficiary name, address and country (Enter the name and address in full) |
| 4 | Letter of credit number | · Fill in letter of credit number |
| 5 | Letter of credit Issue Date | • Fill in letter of credit Issue Date |
| 6 | Extended expiry date in letter of credit | · Fill in extended expiry date in letter of credit |
| 7 | Extended loading period | · Fill in extended loading period |
| 8 | Change Amount | · Fill in the amount of change and the amount after the change. |
| 9 | Additional merchandise | · Fill in Additional merchandise |
| 10 | Other amendments | · Fill in Other amendments. Attach a separate sheet if necessary |
| 11 | Commission burden | Choose whether beneficiary will pay or applicant will pay the commission |
| 12 | Settlement account | · Fill in Settlement account number, and currency |
| 13 | Information of the applicant | · Fill in Name, telephone number, FAX, Email, and signature of the applicant. |
| 14 | Information of a third party | • Fill in If the L/C is issued in the name of a third party, fill in |