

Application for Amendment to Banker's Guarantee



Date:		/		/		

Tel: (65) 6878 0707

To: UNITED OVERSEAS BANK LIMITED

BG Reference Number*	Beneficiary Full Name & Address*								
Applicant Full Name & Address*:	-								
	Beneficiary Contact F	Person*:							
	Tel*:								
Current Account Number*:	Original Hard copy co	allection mod	- 1e						
	Self collection atBRANCH								
Applicant Contact Person*:	_	Courier to 1) Applicant 2) Beneficiary 3) Beneficiary & copy to Applicant							
Tel*:	(Courier Changes Apply)								
Please amend the abovementioned Banker's Guarantee as	follows*:-								
1 Amend / Extend Banker's Guarantee Expiry Date to:									
2 Increase amount of Banker's Guarantee From:									
	ТО								
Additional Margin Deposit will be required and debited from your a	ccount as indicated in applica	ation form.							
3 Decrease amount of Banker's Guarantee From:									
	TO								
4									
5 Send Notice of Cancellation / Notice of non-extension t	o the Beneficiary.								
This Amendment is subject to acceptance by Beneficiary.									
ALL OTHER TERMS & CONDITIONS OF THE GUARANTEE REMAI	N UNCHANGED								
I/We agree to be bound by the Agreement to UOB Banker's Gu		litione (avail	ahle at ww	www.uob.co	m ea)				
as may be amended and prevailing from time to time.	iarantee Terms and Cond	illions (avail	able at wv	vw.uob.co	iii.sg <i>)</i> ,				
	FOR BANK USE ONLY	01/	TO						
Authorised Signature(s) & Company Stamp of Applicant	BG Ref No.:	SV	TS	М	С				
Designation:									
NDIC No :									
NRIC No.:									