

## APPLICATION TO AMEND OVER-THE-COUNTER BANK GUARANTEE

 <b style="font-size: 1.2em;">ALLIANCE BANK</b> Alliance Bank Malaysia Berhad 198201008390 (88103-W)	<b>INSTRUCTION</b> I/We hereby request you to issue an amendment to the original Over-The-Counter Bank Guarantee in accordance with the undermentioned particulars and I/We agree to be bound by the terms and conditions under the original Over-The-Counter Bank Guarantee application.
<b>DATE OF THIS APPLICATION:</b> _____	
<b>APPLICANT (FULL NAME AND ADDRESS):</b>	
Name: _____	
Address: _____	
_____	
<b>ORIGINAL OVER-THE-COUNTER BANK GUARANTEE DETAILS</b>	
<b>BG No.</b> :	_____
<b>Amount &amp; Currency</b> :	_____
<b>Expiry date</b> :	_____
<b>Beneficiary</b> :	_____
<b>AMENDMENT REQUEST</b>	
<input type="checkbox"/> Extend BG expiry date <input type="checkbox"/> Increase / Decrease (delete either one) in Amount <input type="checkbox"/> Others (please specify) _____	
<b>AMENDMENT REQUEST</b>	
<b>Extend BG expiry date</b>	<b>New Claims Period</b>
From : _____	From : _____
To New Expiry : _____	To : _____
	No. of Days : _____
<b>Amend in Amount</b>	
In figures & Currency :	_____
In words :	_____
	_____
<b>Others: (please specify in details)</b>	
_____	
_____	
_____	
*All other terms and conditions remained unchanged	
<b>BENEFICIARY CONSENT</b>	
I/We understand that any amendment(s) of the Over-The-Counter Bank Guarantee is subject to the Beneficiary's consent and we agree to provide Alliance Bank Malaysia Berhad a copy of the Beneficiary's consent in writing in relation to the above amendment request.	
<b>ACCEPTANCE BY BENEFICIARY</b>	
I/We agree that any amendment(s) are subject to the acceptance / consent by the Beneficiary	

**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 Instruction (if any): \_\_\_\_\_

**CHARGES**

Debit all charges and commission to my/our Account No. \_\_\_\_\_ with you

Others (Please specify) \_\_\_\_\_

**FOR BANK USE ONLY**

Signature(s)  
verified by:

**AUTHORISED SIGNATORY(IES) & COMPANY STAMP**

**Note:**

(1) Mandatory to complete form and tick ✓ where applicable.

(2) Details of Trade Finance Fee & Charges is available in our website <https://www.alliancebank.com.my>