

## **APPLICATION FOR AMENDMENT**

Beneficiary Information (Old Information)			Transaction Information		
Name:					
			Value Date:		
			Reference Numb	er:	
Account:			Amount:		
Dear Head of Trade and Payment Department,					
Please amend the above mentioned of fund transfer as follows:					
Name:					
Account:					
Others:					
All other terms and conditions of the transaction remain unchaged					
Please debit all charge from my account:					
	For Ban	k Use Only			
Exchange Rate					
Equivalent					
Commission					
Swift					
Fee –	Cash Debit AC			Verified by:	7
Total	DEDICAC				Signature of applicant and stamp ລາຍເຊັນພ້ອມກາປະທັບ
Received by:	Authorized	l by: Created b	y: Ver	ified by:	Approved by: