



APPLICATION FOR CANCELLATION TO DOCUMENTARY CREDIT

To: E.SUN COMMERCIAL BANK

Date _____

ADVISING BANK (if know)	CREDIT NO. AND DATE
	EXPIRY DATE
	APPLICANT NAME
AMOUNT IN FIGURE	BENEFICIARY NAME
WE HEREBY REQUEST YOU TO CANCEL THE ABOVE-MENTIONED IRREVOCABLE CREDIT DUE TO OUR COMMERCIAL DECISION AND PLEASE REFUND CHARGES TO OUR ACCOUNT NO:_____.	
REMARKS:	(STAMP AND) SIGNATURE (S) OF APPLICANT