

|  |
| --- |
| Application for an amendment of a bank guarantee/surety bond\* |
|  |

By completing the order, please mark the appropriate instruction „X”

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | \* please delete unnecessary information |  |  |  |  |
|  |  |  |  |  |  |
|  | Stamp of the Applicant |  |  |  |  |

1. **THE APPLICANT’S DATA:**

|  |
| --- |
|  |

Full name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |  |  |

REGON No. NIP No.

**ADDRESS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

Street No. Apt.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | - |  |  |  |

City Zip code

|  |  |  |
| --- | --- | --- |
|  |  |  |

Country

|  |  |  |
| --- | --- | --- |
|  |  |  |

Telephone No. E-mail

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Person authorized to contact with PKO BP SA** |  | Telephone No. |  |

|  |  |
| --- | --- |
| E-mail: |  |

1. **THE BENEFICIARY’S DATA:**

|  |
| --- |
|  |

|  |
| --- |
|  |

Full name and complete address of the Beneficiary (with zip code)

1. **DATA CONCERNING GUARANTEE/SURETY BOND :**

|  |  |
| --- | --- |
| **Number of guarantee/surety bond issued by PKO BP SA** |  |

**domestic guarantee**  **foreign guarantee**  **foreign surety bond**

**Type of the guarantee:**

|  |  |  |
| --- | --- | --- |
| tender guarantee | advance payment guarantee | credit/loan repayment guarantee |

|  |  |  |
| --- | --- | --- |
| performance guarantee | counter-guarantee | lease payment guarantee |

|  |  |  |
| --- | --- | --- |
| payment guarantee  **surety bond** | standby documentary credit | promise of guarantee |
|  |  |  |

|  |  |
| --- | --- |
| other guarantee : |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Amount of the guarantee/surety bond before amendment :**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Currency of the guarantee/surety bond:** | PLN | | EUR | | USD | | CHF | | other: | |
|  | |  | |  | |  | |  | |  | |

**PLEASE AMEND THE FOLLOWING CONDITONS OF THE ABOVE MENTIONED GUARANTEE/SURETY BOND :**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The new expire date**: |  |  |  |  |  | - |  |  | - |  |  |  |

(yyyy-mm-dd)

|  |  |
| --- | --- |
| **The new amount of the guarantee/surety bond:** |  |

|  |
| --- |
| **Other amendments:** |

1. **METHOD OF DELIVERY OF THE AMENDMENT OF THE GUARANTEE TO THE BENEFICIARY :**

|  |  |  |
| --- | --- | --- |
| amendment will be delivered by the Applicant | amendment will be picked up by the Applicant at the seat of PKO BP SA in (branch name and address) |  |
|  | amendment should be sent by courier service, to the Applicant’s address and at his expense | |
|  | amendment should be sent by registered mail, to the Applicant’s address | |
| amendment should be sent directly to the Beneficiary | by courier service, at the Applicant’s expense | |
|  | by registered mail | |
| amendment should be issued by SWIFT message, through the advising bank | | |

1. **THE NUMBER OF THE APPLICANT’S ACCOUNT WITH PKO BP SA (all costs, fees and charges related to the amendment of the guarantee/surety bond** **are to be debited to this account):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Currency |  |  |  |

**Any fees and charges related to the amendment of the guarantee/surety** bond**, payable to an intermediary bank are for the account of**:

the Beneficiary  the Applicant

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION’S STATEMENTS:**  1. We hereby certify that the information given in this Application and attached documents are true and correct.  2. We ask PKO BP SA for amendment to the guarantee/surety bond according to the terms and conditions indicated in this Application.  3. The amendment to the guarantee/surety bond becomes valid if:  1) the Application for amendment to the guarantee/surety bond has been presented by the Applicant and received by PKO BP SA and  2) PKO BP SA decides to issue an amendment to the guarantee/surety bond and  3) Beneficiary and/or the bank that issued the guarantee/surety bond against of the counter-guarantee issued by PKO PB SA (if any) agree to the amendment to the guarantee/surety bond.  4. We authorize PKO BP SA to debit our account with amount of commission for processing of this Application. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  |  |  |  | - |  |  | - |  |  |  |  | |  |  | | | |  |
| Date (yyyy-mm-dd) | | | | | | | | | |  | Place | |  | Signature of the Person/s authorized to represent the Applicant | | |  | |
|  | | | | | | | | | |  |  | |  |  | | | |  |
|  |  | | | | | | | | | | | | | | | | | |
| **TO BE FILLED BY PKO BP SA** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | - |  |  | - |  |  |  | | | | | | | |
|  | Date of receipt of the Application form (yyyy-mm-dd) | | | | | | | | | | | | | | | | | |
|  | PKO BP SA | | | | | | | | | | |  |  | |  |  | | |
|  |  | | | | | | | | | | |  |  | | Seat of PKO BP SA | | | |
|  | The Application has been verified. Signature/s\* of the Person/s\* authorized to represent the Applicant checked – signature/s\* correct | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | |  |  | |  | | | |
|  |  | | | | | | | | | | |  |  | |  | | | |
|  |  | | | | | | | | | | |  |  | |  | | | |
|  |  | | | | | | | | | | |  |  | |  | | | |
|  |  | | | | | | | | | | |  |  | |  |  | | |
|  |  | | | | | | | | | | |  |  | | Full name and signature of the employee of PKO BP SA |  | | |