[Your Bank Name/Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip]
[Date]

To:
[Reimbursing Bank Name]
[Department Name/Reimbursement Department]
[Address]

Subject: Request for Value Date Amendment - Reimbursement Claim

Dear Sir/Madam,

Regarding the Letter of Credit reimbursement claim detailed below, we hereby request an amendment to the value date of the credit entry.

Reference Details:
Letter of Credit Number: [Insert LC Number]
Issuing Bank: [Insert Issuing Bank Name]
Your Reimbursement Reference: [Insert Reference Number]
Claim Amount: [Insert Currency and Amount]
Original Value Date: [Insert Original Date]

Requested Amendment:
New Value Date: [Insert New Requested Date]
Reason for Request: [Insert Brief Reason, e.g., Correction of processing error / Late receipt of documents]

We authorize you to debit any applicable amendment fees or interest charges resulting from this change from our account number [Insert Account Number] maintained with your branch.

Please confirm once the amendment has been processed. Should you require further clarification, please contact [Contact Name] at [Phone Number] or [Email Address].

Yours faithfully,

[Authorized Signature]
[Printed Name and Title]