



APPLICATION FOR STOP PAYMENT ON CASHIER'S ORDER

Date:

To: SUMITOMO MITSUI BANKING CORPORATION
(INCORPORATED IN JAPAN WITH LIMITED LIABILITY)
HONG KONG BRANCH

Dear Sir/Madam,

Loss of Cashier's Order

Cashier's Order [CHEQUE NO.] : _____

Payee Name : _____

Issuing Date : _____

Amount : \$ _____

We refer to the cashier's order issued by your Bank upon our request through SMAR&TS with the details described above ("**Cashier's Order**") and subject to the Terms and Conditions for Cheque Issuance and Delivery under Part C of Batch Payment Terms and Conditions ("**Terms and Conditions**") accepted by us.

We advise that the Cashier's Order has been lost. We hereby irrevocably instruct and authorize you to arrange for stop payment on the Cashier's Order and refund the proceeds thereof to our account (A/C No.: _____). We hereby declare that we have not dealt with the Cashier's Order in a manner which would give rise to a claim against you by any third party. We also undertake to surrender to you the original of the Cashier's Order forthwith should it be recovered. You are authorized to disclose the details about the Cashier's Order and its loss to the relevant authorities including the Hong Kong Association of Banks.

In consideration of your agreeing to arrange for stop payment on the Cashier's Order, we hereby agree, without in any way limiting our obligations under the Terms and Conditions, to fully indemnify you and keep you indemnified against all claims, liabilities and losses whatsoever which may be brought against or incurred by you in any way arising out of our said request including but not limited to paying you forthwith upon demand the full amount represented by the Cashier's Order if the Cashier's Order is presented for payment at any time within 6 months from the date of the Cashier's Order. We further agree to bear all administrative and other costs and expenses which may be sustained by you and you are under no obligation to defend any such claim being made which in your sole judgment is justified on reasonable grounds.

For any charges involved in connection with our said request and any sums payable by us hereunder, we hereby irrevocably authorize you to debit from our account (A/C No.: _____).

Yours faithfully,
For and on behalf of
Company Name:

Authorized Signature(s)
(Please sign with Co. Chop as filed with the Bank if applicable)