



**APPLICATION FOR AMENDMENT / CANCELLATION OF REMITTANCE**

CANCELLATION

AMENDMENT

DATE: \_\_\_\_\_

<b>TRANSACTION REFERENCE NO.</b>	
<b>BENEFICIARY'S BANK</b>	
<b>AMOUNT</b>	
<b>BENEFICIARY NAME</b>	
<b>BENEFICIARY ACCOUNT NUMBER</b>	
<b>DATE OF REMITTANCE</b>	

I/WE HEREBY REQUEST YOU TO  CANCEL /  MAKE AN AMENDMENT TO THE ABOVE-MENTIONED REMITTANCE TO THE PAYING BANK BY CABLE AS SPECIFIED BELOW:

\*If it does not apply, please input not applicable (N/A) in the box provided.

<b>REASON FOR CANCELLATION</b>
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<b>ORIGINAL TERMS</b>
<b>AMENDED TERMS</b>

I/WE AGREE THAT THIS REQUEST SHALL BE HANDLED IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET OUT IN THE FOREIGN / DOMESTIC REMITTANCE APPLICATION FORM AND THE TERMS AND CONDITIONS FOR REMITTANCES SET FORTH AT THE BACK OF THE FOREIGN / DOMESTIC REMITTANCE APPLICATION FORM. I/WE FURTHER UNDERTAKE TO HOLD THE BANK FREE AND HARMLESS AGAINST ANY JUDGMENT, ORDER, CLAIM, LOSS, DAMAGES, COSTS AND EXPENSES (INCLUDING, WITHOUT LIMITATION, FULL INDEMNITY FOR LEGAL FEES AND COURT COSTS) WHICH MAY BE RENDERED AGAINST OR WHICH MAY BE INCURRED BY THE BANK IN CONNECTION WITH THIS REQUEST.

FOR THE BANK CHARGES, PLEASE DEBIT OUR ACCOUNT NUMBER \_\_\_\_\_.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
AUTHORIZED SIGNATORY/IES  
(Signature over printed name/names)

**FOR BANK USE ONLY**

Bank Charges  
 Handling Fee : \_\_\_\_\_  
 Cable Fee : \_\_\_\_\_  
 Other Fees : \_\_\_\_\_  
 TOTAL BANK CHARGES : \_\_\_\_\_