

APPLICATION FOR CANCELLATION/AMENDMENT OF FOREIGN REMITTANCE

	Date				
Го: SUMITOMO MITSU Remittance Departr	II BANKING CORPORATION BAN	IGKOK BRANCH			
/We	hereby authorize the bank to act the following				
Request;	☐ Cancellation [please fill in A	.+B+D] □ Amendr	ment [please fill in A + C + D]		
[A]	:::Remittance detail as following:::				
Value Date:					
Remitting CCY:	Amount:				
Beneficiary's bank:					
Branch / Address:		Country:			
Beneficiary's Account number:					
Beneficiary's name:					
	Beneficiar	y's address			
Building Number:		Building Name:			
Floor:		Room:			
Street Name:		Town name*:			
District Name:		Country Subdivision:			
Post Code:		Country*:			

^{*} This field is required



[B]	Cance	llation
	- Carro	

may incur.

[B] Cancellation		
The above mentioned remittance and return the process	eeds less your bank ch	narges including any loss to us by
crediting our current/savings account number		with your bank.
[C] Amendment		
The above mentioned remittance, please amendment	t detail as below;	
Original Term		
Amend Term		
[D] Cancellation/Amendment fee and any cost of each of the above mentioned remittance, I/We authorize you	-	umber
with your bank.		
I/We certify that the details given above are correct a remittance as specified above	and true. I/We hereby	request the bank to execute the
I/We hereby confirm that this remittance is not connected, for US\$ transactions or those involving		Sincerely yours,
US entities with any OFAC sanctioned countries e.g. Iran, North Korea, Sudan, Cuba, Syria, etc. imposed by the US government. I/We agree that if you are		Co., Seal
required to disclose any information or if this remittance is blocked, frozen, delayed, refused or		
related, you shall not be liable for any information disclosed or for any losses, liabilities, penalties,	Authorized Name:	
costs or expenses ("Liabilities") we may incur and we shall indemnify you against any Liabilities you	Title:	
may incur.	Company Name:	