

GCMS Plus Request for Cancellation of Money Transfer Instruction

Date: _____

To: _____ (the "Bank")

We, the undersigned Company, hereby request the Bank to cancel the money transfer instruction specified in 1. below which has been already sent to the Bank through the GCMS Plus. We, and the Affiliated Company where applicable, shall bear the costs and expenses which may be incurred in relation to this cancellation of the money transfer instruction, and shall indemnify the Bank against any actions, proceedings, losses, and damages of any kind which the Bank may suffer in relation to our request, except in the case of gross negligence or willful misconduct of the Bank.

1. Details of Money Transfer Instruction

*Please submit this form, together with the corresponding screen copy of Instruction Details/Transaction Details, which may be printed out from the Inquiry submenu in the service menu of GCMS Plus. Please fill in the corresponding fields below in English, by using the printed out copy of Instruction Details/Transaction Details as a reference.

Service Name	Entry No. (Group No.)
Value Date/Execution Date	Currency
Amount	Date/Time of Authorization
Beneficiary Account No.	
Beneficiary Name	
Name of Beneficiary Bank and Branch/SWIFT BIC/Beneficiary Bank Code	
Settlement Account No.	
Settlement Account Name	
Name of Settlement Account Holding Bank and Branch	
Remarks	

2. Customer Contact

Contact Person	Phone Number
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(Company Name and Authorized Signature) _____ 

[Bank Use Only]

Office Code & Name:	<input style="width: 100%;" type="text"/>			
GCMS Plus Customer ID:	<input style="width: 100%;" type="text"/>			
Customer Name :				

Department Head	Person in Charge	Signature Verified

Subject Service: Payments, SEPA Credit Transfer (GCMS Plus Format/Local Format), Single Payment, Group Payment, Confidential Payment, Tax Payment, Group / Confidential Payment and Domestic Credit Transfer (Europe)