## GCMS Plus Request for Amendment to Money Transfer Instruction

Date:

## To: \_\_\_\_\_(the "Bank")

We, the undersigned Company, hereby request the Bank to amend 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 amendment to 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 B	ank Code			
	/ /			
Settlement Account No.				
Settlement Account Name				
Name of Settlement Account Holding Bank and Branch				
Remarks				

## 2. Details of Amendment

 Note: The amount and Name of Beneficiary Bank cannot be amended.

 Field to be amended

 Current
 To be

3. Customer Contact

Contact Person	Phone Number

[Bank User Only]	 _			
Office Code & Name:		Managerial Staff	Person in Charge	Signature Verified
GCMS Plus Customer ID:				
Customer Name :				

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)