

GCMS Plus Request for Cancellation of the Instruction of File Transfer Services

Date :

To: _____ (the "Bank")

We, the undersigned company, hereby request your Bank to cancel the instruction specified below which has been already sent to your Bank through the File Transfer Services of GCMS Plus. We, and the Affiliated Company where applicable, shall bear the costs and expenses which may be incurred in relation to cancellation of the Instruction of File Transfer Services, and keep your Bank indemnified against any actions, proceedings, loss, and damages which your Bank may suffer in relation to our request except in the case of gross negligence or willful misconduct of your Bank.

I. Details of Instruction of File Transfer Services

*Please attach to this form a copy of the Instruction shown on the "File Transfer All Instructions Inquiry: Instruction Details" screen of GCMS Plus.

*Fill in the following information referring to the attached copy of the Instruction.

| | |
|---------------------------------------|---|
| Entry No. | |
| Title | |
| Total Transaction Number | |
| Currency | |
| Total Amount | |
| Requested Execution Date | |
| Date/Time of Approval by the Customer | / |
| Settlement Account Name | |
| Settlement Account Holding Bank | |

II. Customer Contact

| | |
|----------------|--|
| Contact Person | |
| Phone Number | |

(Customer Name)

(Authorized Signature)

[Bank Use Only]

GCMS Plus Customer ID

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | |
|-----------------|------------------|--------------------|
| Department Head | Person in Charge | Signature Verified |
| | | |