## **GCMS Plus Request for Cancellation of Money Transfer Instruction**

			Date:		
To:	(the "Bank")				
We, the undersigned Company, hereby request which has been already sent to the Bank throu shall bear the costs and expenses which ma instruction, and shall indemnify the Bank agair Bank may suffer in relation to our request, exce	gh the GCM y be incurre nst any action	S Plus. We, and ed in relation to ns, proceedings, l	the Affiliated this cancella osses, and dar	Company whe tion of the m nages of any k	ere applicable, oney transfer ind which the
1. Details of Money Transfer Instruction *Please submit this form, together with the correspondent out from the Inquiry submenu in the service using the printed out copy of Instruction Details/Tra	menu of GCM	IS Plus. Please fill i			
Service Name		Entry No. (Group	No.)		
Value Date/Execution Date		Currency			
Amount		Date/Time of Authorization			
Beneficiary Account No.			/		
beneficiary Account No.					
Beneficiary Name					
Name of Beneficiary Bank and Branch/SWIFT BIC/	Beneficiary Ba	nk Code			
-	/		/		
Settlement Account No.					
Settlement Account Name					
Name of Settlement Account Holding Bank and Bran	nch				
Remarks					
Customer Contact					
Contact Person		Phone Number			
	_				
[Bank Use Only]		Г	Managerial	Person in	Signature
Office Code & Name:			Staff	Charge	Verified
GCMS Plus Customer ID:					
Customer Name :					
Subject Service: Payments, SEPA Credit Transfer (GCMS Plus Format/Local Format/Loca	ormat), Single Payme	nt, Group Payment, Confident	ential Payment, Tax Pay	ment, Group / Confider	ntial Payment and