

GCMS Plus 送金指図取消依頼書

(GCMS Plus Request for Cancellation of Money Transfer Instruction)

日付(Date) : _____

御中 (To: _____

) (the "Bank")

下記に署名する利用会社は、GCMS Plus を経由して貴行宛に依頼した下記 1.の送金指図について、取消しを依頼します。本依頼に関して発生する手数料、費用、損害等は、貴行に故意又は重過失がある場合を除き、その事由を問わずすべて当社および該当する関連会社が負担又は引き受けますと共に、貴行にいささかもご迷惑をおかけしません。

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. 送金指図の明細 (Details of Money Transfer Instruction)

*GCMS Plus の各サービスの照会メニューで該当の指図明細/取引明細をプリントし、本依頼書とともに提出してください。プリントアウトした指図明細/取引明細を参照し、下の該当項目を英文で記入してください。

*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.

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| サービス名 (Service Name) | エントリー番号(グループ番号) (Entry No.(Group No.)) |
| 送金指定日 (Value Date/Execution Date) | 通貨 (Currency) |
| 送金金額 (Amount) | 承認日時 (Date/Time of Authorization) / |
| 受取人口座番号 (Beneficiary Account No.) | |
| 受取人名 (Beneficiary Name) | |
| 受取人銀行名・支店名/SWIFT BIC/受取人銀行コード (Name of Beneficiary Bank and Branch/SWIFT BIC/ Beneficiary Bank Code) | / |
| 引落口座番号 (Settlement Account No.) | |
| 引落口座名義人 (Settlement Account Name) | |
| 引落口座銀行・支店 (Name of Settlement Account Holding Bank and Branch) | |
| 備考 (Remarks) | |

2. お客さまの連絡先 (Customer Contact)

| | |
|--------------------------|--------------------|
| 担当者のお名前 (Contact Person) | 電話番号(Phone Number) |
|--------------------------|--------------------|



(会社名・お届け印)
(Company Name and Authorized Signature) _____

【銀行使用欄】

契約拠点店番・英文拠点名
(Office Code & Name) :

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GCMS Plus Customer ID:

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英文顧客名

(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)

| 職位者/役職者 Managerial Staff | 担当者 Person in Charge | 印鑑照合 Signature Verified |
|-----------------------------|-------------------------|----------------------------|
| | | |

日付(Date):

お届け日をご記入ください。

株式会社三菱 UFJ 銀行御中 (To: MUFG Bank, Ltd.) (the "Bank")

下記に署名する利用会社は、GCMS Plus を経由して貴行宛に依頼した下記 1.の送金指図について、取消しを依頼します。本依頼に関して発生する手数料、費用、損害等は、貴行に故意又は重過失がある場合を除き、その事由を問わずすべて当社および該当する関連会社が負担又は引き受けますと共に、貴行にいささかもご迷惑をおかけしません。

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.

3. 送金指図の明細 (Details of Money Transfer Instruction)

*GCMS Plus の各サービスの照会メニューで該当の指図明細/取引明細をプリントし、本依頼書とともに提出してください。プリントアウトした指図明細/取引明細を参照し、下の該当項目を英文で記入してください。

*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.

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| サービス名 (Service Name) Payments | エントリー番号(グループ番号) (Entry No.(Group No.)) XXXX-CMSAXXXXXXX |
| 送金指定日 (Value Date/Execution Date) 2014/07/08 | 通貨 (Currency) GBP |
| 送金金額 (Amount) 10,000 | 承認日時 (Date/Time of Authorization) 2014/07/08 10:30 |
| 受取人口座番号 (Beneficiary Account No.) 123457 | |
| 受取人名 (Beneficiary Name) ABC Corp. | |
| 受取人銀行名・支店名/SWIFT BIC/受取人銀行コード (Name of Beneficiary Bank and Branch/SWIFT BIC/ Beneficiary Bank Code) ABC Bank London Branch / ABCDEFGHIJK / XXXX XXXX XXXX XXXX XXXXXX | |
| 引落口座番号 (Settlement Account No.) 654321 | |
| 引落口座名義人 (Settlement Account Name) Yamada Corp. | |
| 引落口座銀行・支店 (Name of Settlement Account Holding Bank and Branch) MUFG Bank, Ltd. London Branch | |
| 備考 (Remarks) | |

4. お客様の連絡先 (Customer Contact)

| | |
|-----------------------------------|------------------------------------|
| 担当者のお名前 (Contact Person) 山田 太郎 | 電話番号(Phone Number) 03-XXXX-XXXX |
|-----------------------------------|------------------------------------|

お取引店にお届出の社判・ご印鑑

(会社名・お届け印)
(Company Name and Authorized Signature)

【銀行使用欄】

契約拠点番号・英文拠点名
(Office Code & Name):

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GCMS Plus Customer ID:

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英文顧客名

(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)

| 職位者/役職者 Managerial Staff | 担当者 Person in Charge | 印鑑照合 Signature Verified |
|-----------------------------|-------------------------|----------------------------|
| | | |