

APPLICATION FOR AMENDMENT OF TELEGRAPHIC TRANSFER

Date: _____

DETAILS FROM ORIGINAL APPLICATION

Date of Remittance: _____

Telegraphic Transfer Ref. No.: _____

Currency and Amount: _____

Beneficiary's Bank: _____

Beneficiary's Name: _____

I/We hereby request you to make an amendment to the above mentioned remittance to the paying bank by cable (or by email, when circumstances compel it) as specified below.

I/We authorise the Bank to debit our account with the Bank, bearing account number for all relevant charges relating to this amendment.

I/We agree that this request shall be handled in accordance with the Terms and Conditions relating to Funds Transfers (https://www.bk.mufg.jp/global/globalnetwork/asiaoceania/pdf/TNC_Application_Funds_Transfers.pdf) and Terms and Conditions relating to Foreign Remittance (https://www.bk.mufg.jp/global/globalnetwork/asiaoceania/pdf/TNC_Application_Foreign_Remittance.pdf). I/We further undertake the responsibility to settle any dispute caused in connection with this request, and to protect your bank from any expense, loss or damages arising therefrom.

Name(s)

Authorised Signature(s) and Company Stamp

For Bank Use Only

HOD	Maker	Signature Verified