

APPLICATION FOR CANCELLATION OF INCOMING REMITTANCE

Date	
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Date of Remittance		Remittance Applicant	
CCY/Amount		Bank Ref. No.	

Cancellation : I/We hereby request you to return the above-mentioned incoming funds to remittance applicant.

1. Reason of Returning Funds

<input type="checkbox"/> Requested to cancel the payment from sending bank
<input type="checkbox"/> Others ()

2. How to Return the Funds

Please fill in the box, only when you have already received the funds.

Return Amount :	
How to Return the Funds	<input type="checkbox"/> Debit my/our account no. () with you
	<input type="checkbox"/> Others ()

Any applicable bank charges will be deducted from the proceeds

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.

Applicant / Company Name and Authorised Signature(s)

Bank Use Only

Handling Charge	
Cable Charge	
Others	Collected
Total Bank Charges	<input type="checkbox"/>

CIF Code:	/ GL Code:
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Verify (Manager)	Create (Non-Manager)	Signature verify (Non-Manager)