

APPLICATION FOR RECALL OF REMITTANCE / GIRO PAYMENT

Date _____

I/We request the MUFG Bank, Ltd. (the "**Bank**") to recall the remittance/GIRO payment bearing the below description by issuing a stop payment order to the paying or beneficiary bank by means of cable, mail or whichever expeditious mode the Bank deems desirable.

Remittance / GIRO Payment Details	
Date of Remittance / GIRO Payment	Remittance / GIRO Payment Ref. No.
Currency and Amount	
Beneficiary Bank	
Beneficiary Name	
Beneficiary Account No.	

Purpose of Recall (Tick one)	
<input type="checkbox"/> Wrong Beneficiary Bank	<input type="checkbox"/> Wrong Beneficiary
<input type="checkbox"/> Duplicate Payment	<input type="checkbox"/> Wrong amount / currency
<input type="checkbox"/> Others (please specify) _____	

Debit / Credit Instruction	
I/We authorise the Bank to debit any bank charges for the recall, and credit the proceeds upon receipt of funds from beneficiary bank to my/our account with the Bank.	<input type="checkbox"/> Debit My/Our Bank Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Credit My/Our Bank Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

In consideration of the Bank agreeing to my/our request to recall the remittance/GIRO payment, I/we agree to indemnify the Bank and hold the Bank harmless from and against any and all actions, proceedings, claims, demands, liabilities, losses, costs and expenses (including but not limited to interest, penalties, fines and legal costs calculated on a full indemnity basis) incurred by the Bank in connection with the recall of the telegraphic transfer/GIRO payment.

I/We acknowledge and agree that (i) the proceeds of the recall of the remittance/GIRO payment will be paid to me/us after the Bank has received the equivalent amount from the Beneficiary Bank in connection with such recall and (ii) the proceeds will be paid to me/us after deducting any relevant bank charges determined by the Bank (such amount paid to me/us being the "Refunded Amount").

In the event that the Beneficiary Bank makes a demand for repayment of the amount it has transferred to the Bank or raises a dispute with the Bank, in each case in connection with the recall of the remittance/GIRO payment, I/we undertake to pay the Bank an amount equal to the Refunded Amount within 24 hours of the Bank's demand.

I/We agree that this request shall be handled in accordance with the Terms and Conditions relating to Funds Transfers/Foreign Remittance/GIRO Payment:

https://www.bk.muftg.jp/global/globalnetwork/asiaoceania/pdf/TNC_Application_Funds_Transfers.pdf
https://www.bk.muftg.jp/global/globalnetwork/asiaoceania/pdf/TNC_Application_Foreign_Remittance.pdf
https://www.bk.muftg.jp/global/globalnetwork/asiaoceania/pdf/TNC_Application_GIRO_Payment.pdf

Name of Applicant _____

Authorised Signature(s) and Company Stamp (if applicable) _____

For Bank Use Only

Customer CIF _____

Checker	Maker	Signature verify