

A member of MUFG, a global financial group

APPLICATION FOR AMENDMENT/ CANCELLATION OF REMITTANCE

Date		
-	-	
Date of Remittance	Beneficiary	
CCY/Amount	Paying Bank	
Bank Ref. No.	Faying Dank	

Please tick appropriate box

Amendment:_I/We hereby request you to amend the above mentioned remittance to the paying bank by cable as specified below.

AmendmentItem	Original Terms	Amended Terms
BeneficiaryName		
Beneficiary Account Number		
Others ()		

□ **Cancellation**: I/We hereby request you to cancel the above mentioned remittance.

Reason of Cancellation	
How to Receive Proceeds	Credit to my/our account No. () with you
	□ Others ()
* For <u>Demand</u> <u>Draft</u> Only	Original Demand Draft attached
	Report on Lost of the original Demand Draft : If the demand draft is found in future, I/We shall forthwith draw it from

For any applicable Bank Charges

How to Pay Charges	Debit my/our account No. () with you
	Deduct from the proceeds (* Cancellation only)	
	Others ()

I/We hereby agree that this request shall be handled in accordance with the conditions governing application for remittance set forth on the back on the application for remittance form, and that I/We shall not raise whatsoever objection to the actions you take in this connection.

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.

Bank Use Only					
Baint Boo only	_	CIF Code :		/ GL Code :	
Handling Charge					
	-		Verify (DH)*2	Check	Signature verify
Cable Charge		Verify(DGM)*1 for	Cross-check(DH) for LstDD	(Non-Manager)	(Non-Manager)
Others	collected				
Total Bank Charges					
0045 14 500 0 4 0					

Applicant / Company Name and Authorised Signature(s)

2015. Mar. FR2-3-1-2

If delegated, ADH(*1) Manager(*2) available.

RECEIPT for Cash

To : MUFG Bank, Ltd. Yangon Branch

With regard to the cancellation of the above remittance, I/We have received in cash the proceeds of such remittance from the Bank.

Bank Ref. No. :

CCY/Amount :

Applicant/Company Name and Authorised Signature(s)

