

GCMS Plus Request for Cancellation of the Instruction of File Transfer Services

Date : _____

To: _____ (the "Bank")

We, the undersigned company, hereby request your Bank to cancel the instruction specified below which has been already sent to your Bank through the File Transfer Services of GCMS Plus. We, and the Affiliated Company where applicable, shall bear the costs and expenses which may be incurred in relation to cancellation of the Instruction of File Transfer Services, and keep your Bank indemnified against any actions, proceedings, loss, and damages which your Bank may suffer in relation to our request except in the case of gross negligence or willful misconduct of your Bank.

I. Details of Instruction of File Transfer Services

*Please attach to this form a copy of the Instruction shown on the "File Transfer All Instructions Inquiry: Instruction Details" screen of GCMS Plus.

*Fill in the following information referring to the attached copy of the Instruction.

Entry No.	
Title	
Total Transaction Number	
Currency	
Total Amount	
Requested Execution Date	
Date/Time of Approval by the Customer	
Settlement Account Name	
Settlement Account Holding Bank	

II. Customer Contact

Contact Person	
Phone Number	

(Customer Name)

[_____]

(Authorized Signature)

[Bank Use Only]

GCMS Plus Customer ID

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Department Head	Person in Charge	Signature Verified