	GCMS Plus Request f	<u>for Cancellation</u>	on of the Instruct	ion of File	Transfer So	<u>ervices</u>	
				Date :	1-N	ov-2019	
To:	MUFG Bank., Ltd/ (Yar	ngon Branch)	(the "Bank")				
who Inst dan	We, the undersigned company n already sent to your Bank through applicable, shall bear the contraction of File Transfer Service nages which your Bank may succonduct of your Bank.	ough the File Traceosts and expenses, and keep you	nsfer Services of GC ses which may be in Bank indemnified	CMS Plus. We ncurred in re against any a	e, and the Aff elation to car ctions, proce-	iliated Compa ncellation of edings, loss, a	any the and
I.	Details of Instruction of File	Transfer Service	ees				
	*Please attach to this form a co- Instruction Details" screen of G *Fill in the following information	CMS Plus.			Instructions I	nquiry:	
	Entry No.		3627-FTR-XXXXXXX				
	Title Total Transaction Number Currency Total Amount Requested Execution Date		Payroll - October 2019				
			10				
			MMK				
			11,000,000.00				
			2-Nov-2019				
	Date/Time of Approval by the Customer		1-Nov-2019 12:00				
	Settlement Account Name		100XXXX				
	Settlement Account Holding Bank		YANGON BRANCH				
II.	Customer Contact						
	Contact Person	Ma Phyu					
	Phone Number	09123456789					
			(Customer Name)	ABC CO., I]
			(Authorized Signature)				
[Bank Use Only] GCMS Plus Customer ID				Department Head	Person in Charge	Signature Verified	