

TELEGRAPHIC TRANSFER

Amendment / Tracer / Cancellation



Date

1. DETAILS OF FUND TRANSFER

Applicant's Name:

Phone No.:

Reference No. Transaction Date

Beneficiary's Name:

Currency: Wire Amount:

2. TYPE OF REQUEST

2.1. Please amend the funds transfer information as follows:

Beneficiary's Name

Beneficiary's Address

Beneficiary's Account No

Purpose of Payment

Other (Specify)

2.2. Please trace the funds transfer. Beneficiary claims non-receipt of funds

2.3. Cancellation of this funds transfer

3. BANK CHARGES DETAILS

I/We hereby authorize ABA to debit my/our below account regarding payment of processing charges:

Applicant's Account No. :

Currency: Amount:

By signing this form, I/we confirm that I/we have read and understood terms and conditions. I/We request ABA acting in accordance with the terms of this request, and to agree to indemnify ABA against all demands, actions, proceedings (whether groundless or not), liabilities, claims, damages, losses, costs and expenses (including without limitation legal fees on an indemnity basic) of whatever nature and howsoever arising that you may incur or sustain by reason thereof now or at any future timer. I/We agree that any refund is to be made at the prevailing buying rate and less bank charges if any.

Applicant's Signature _____

FOR BANK USE ONLY

Customer verification: Signature verified Documents checked

Verified by: _____ Authorized by: _____ Processed by: _____ Approved by: _____