

Outward Remittance Cancellation / Amendment Request Form 更改 / 取消匯出匯款申請表格

To: Standard Chartered Bank (Hong Kong) Limited (the "Bank")
致：渣打銀行(香港)有限公司（「本行」）

Date:
日期：____/____/____
DD 日 / MM 月 / YYYY 年

Service Terms and Conditions 服務條款

- The Bank will communicate with you in respect of this request/instruction through the registered contact number and correspondence address with the Bank. Please ensure your record with the Bank is valid and up-to-date. Otherwise, your request/instruction may be delayed.
本行會以已您於本行登記之通訊地址及聯絡電話作此申請/指令的聯繫通訊。為避免延誤處理您的申請/指令，請確保該您的紀錄仍然有效。
- The acceptance to this request/instruction is at the sole discretion of the Bank. If your request/instruction cannot be processed for any reason, a notification letter will be sent to your correspondence address registered with the Bank.
本行有權決定是否接受此申請/指令。倘若您的申請/指令因任何原因未能被處理，本行會以郵寄形式作出通知。
- The Bank will use our best endeavours to follow up on your request/instruction. However, it is not guaranteed the remittance amendment/cancellation request/instruction can be successfully processed as it subjects to the consent and handling of the correspondent and/or beneficiary bank. The Bank is not responsible or liable for any disputes in or, failures, rejections or delays in processing of, this request/instruction.
本行會盡力跟進您的申請/指令。但修改/取消付款的申請/指令需得到中轉及/或收款銀行的同意和處理，因此本行無法保證該申請/指令能夠成功辦理。對於有關此申請/指令的任何爭議、被拒絕或處理延遲，本行概不負責。
- By signing this form, you agree to these important notes and to provide your consent to the Bank sharing the information stated on this form with the correspondent and/or beneficiary bank to facilitate the follow up of this request/instruction.
此申請表格一經簽署，則被視為同意此重要提示並授權本行將此表格中的資料給予中轉及/或收款銀行以跟進此申請/指令。
- The Bank's service charge for each request/instruction is HKD250. Please refer to the Bank Service Charges Guide for the latest service charges details. On top of the Bank's service charges, the correspondent and/or beneficiary bank may also levy charges for handling this request/instruction.
每項申請/指令之服務收費為港幣250元。如欲查詢最新收費詳情，請查閱本行服務收費一覽表。除本行服務收費，中轉及/或收款銀行亦有可能就此申請/指令收取費用。
- Please print on single side after completing the form. Sign on every page and return the form to any of our branches.
請以單面列印已填妥之表格。請於每頁上簽署並將表格交回任何一間分行。
- This form shall be governed by and construed according to the laws of Hong Kong and you agree to submit to the exclusive jurisdiction of the courts of Hong Kong.
此申請表格須受香港法律管限，並須按照香港法律解釋。您同意接受香港法院的專屬司法管轄權管轄。
- In the event of there being any inconsistency between the English and Chinese versions of these Terms the English version shall prevail.
中文譯本如與英文文本有歧異，應以英文文本為準。

Details of Outward Remittance 匯出匯款資料

Mandatory fields (必須填寫)

Reference No. 參考編號 (if applicable 如適用)	Remittance Amount 匯款金額	Transaction Type 交易類別 (Select the appropriate 請選擇) <input type="checkbox"/> Telegraphic Transfer 電匯 <input type="checkbox"/> Local Bank Transfer (CHATs) 本地電子付款	
Beneficiary Name 收款人姓名	Beneficiary Account No. / IBAN 收款人賬戶號碼 / IBAN	Debit Account 支付匯款金額之賬戶號碼	Account Debit Date 扣賬日期 (if applicable 如適用)

Customer Signature(s)
客戶簽署：_____

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Reference No.:
參考編號：_____

Instruction 指示

Please indicate your request/instruction by putting a "tick" in the appropriate box.
請於合適的方格內加上 "✓" 以註明閣下的申請 / 指令。

- Cancel the above outward telegraphic Transfer / Local Bank Transfer (CHATs)
取消上述匯出匯款

Reason of recalling the funds:
取消匯款原因：

Credit the returned funds to the following account. Please specific the currency type.
將退款存入以下賬戶。請註明貨幣類別。

- Amend the above telegraphic Transfer / Local Bank Transfer (CHATs)
更改上述匯款

Amendment details:
更改內容

- Beneficiary Account Number/IBAN:
收款人賬戶號碼 / IBAN : _____
- Beneficiary Name:
收款人姓名 : _____
- Correspondent Bank:
中轉銀行 : _____
- Purpose of Payment:
匯款用途 : _____
- Payment Code:
匯款用途代碼 : _____
- Others, please specify:
其他，請註明 : _____

Customer Signature(s)
客戶簽署 : _____

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Reference No.:
參考編號: _____

Charges 費用

Debit all the charges from the following account. Please specific the currency type.
從以下賬戶扣除有關費用。請註明貨幣類別。

Customer Signature 客戶簽署

Signature(s) 簽署	Full Name 客戶全名
For Bank Use Only 銀行專用	
Signature Verified By:	

Handling Staff Signature	

Sign No.: ()	Staff ID: _____
Branch code: _____	