



Cashier's Order: Cancellation Request Form

ATTN: BATHNET Team HSBC Building, 968 Rama IV Rd. Silom, Bangrak, Bangkok 10500 Fax: 02-353-7333	Date:
	Company:
	Contact Person:
	Tel:
	Fax:

We, _____, account number _____, hereby request The Hongkong and Shanghai Banking Corporation Limited, Bangkok branch, to cancel the cashier's orders ("CO") as below details:

No.	Beneficiary Name*	Currency*	Amount*	Cheque Number.*	Cheque Date*
1.					
2.					
3.					
4.					
5.					

The field marked with * is mandatory.

Remarks:

- Evidence of CO issuance e.g., statement or debit advice is required.
- The physical CO is required.
- If the physical CO is lost or stolen or totally damaged, the police report and the CO indemnity are required.

Please **credit** the funds into the account specified above and **debit** the said account for any related charge.

Authorised Signature and Company Seal (if any): <hr style="border: 0; border-top: 1px solid black; margin: 20px 0;"/>
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Bank Use Only				
W/S ID	Deal #	Capt. By	Appr. By	Count
Signature Verified By		Document Verified By		Fax Indemnity Held
				Yes
				No



Cashier's Order: Indemnity Form

Date: _____

To: The Manager
The Hongkong and Shanghai Banking Corporation Limited

We, _____, in consideration of you agreeing to cancel cashier's order with the following details:

Beneficiary name: _____
Cashier's order no: _____
Dated: _____
Amount: _____

, do hereby confirm the cancellation of the above cashier's order as its original has been damaged, lost or destroyed. We further agree to hold you harmless and keep you indemnified from and against all claims and demands in respect of your action(s), losses, damages, liabilities, costs, charges and expenses which may be incurred or suffered by you arising out of or in consequence of your cancellation of the said cashier's order.

After the cancellation, please kindly credit the funds from such cashier's order into our account number [_____].

Yours sincerely,

Authorised Signature and Company Seal (if any):

Bank Use Only

W/S ID	Deal #	Capt. By	Appr. By	Count
Signature Verified By		Document Verified By		Fax Indemnity Held
				Yes No