

## **Telegraphic Transfer: Cancellation/Amendment Form**

ATTN: Payment Investigation Team	Date:	
HSBC Building, 968 Rama IV Rd.	Company:	
Silom, Bangrak, Bangkok 10500	Contact Person:	
Fax: 02-353-7333	Tel:	
	Fax:	
	i ux.	
We		, account number
Refer to the following payment instruc	tion details:	
Transaction Reference Number*:	ТТ ВКН	
Amount*:	Currency	Amount
Value Date (DD-MM-YYYY) *:	,	
Beneficiary Name*:		
Beneficiary Account Number*:		
Beneficiary Bank*:		
·		
Ve hereby request The Hong Kong and	d Shanghai Banking	Corporation Limited, Bangkok branch to
1.   Cancel the above payment is  ———————————————————————————————————		·
7 I I ∆mend the navment details a	s follow:	
2. ☐ Amend the payment details a * Please input where appropriate, u		e details that require no amendments
* Please input where appropriate, u		e details that require no amendments
* Please input where appropriate, u  Tick  Amendment Details		e details that require no amendments
* Please input where appropriate, u		e details that require no amendments
* Please input where appropriate, u  Tick (✓) Amendment Details		e details that require no amendments
* Please input where appropriate, u  Tick (✓)  Amendment Details  Beneficiary Name:		e details that require no amendments
* Please input where appropriate, u  Tick ( ✓ )  Amendment Details  Beneficiary Name:  Beneficiary Address:		e details that require no amendments
* Please input where appropriate, u  Tick (✓)  Amendment Details  Beneficiary Name:  Beneficiary Address:  Beneficiary Account		e details that require no amendments
* Please input where appropriate, u  Tick ( ✓ )  Amendment Details  Beneficiary Name:  Beneficiary Address:  Beneficiary Account Number/IBAN:		e details that require no amendments
* Please input where appropriate, u  Tick ( ✓ )  Amendment Details  Beneficiary Name:  Beneficiary Address:  Beneficiary Account Number/IBAN:  Payment details /		e details that require no amendments
* Please input where appropriate, u  Tick ( ✓ )  Amendment Details  Beneficiary Name:  Beneficiary Address:  Beneficiary Account Number/IBAN:  Payment details / Purpose of payments:		e details that require no amendments
* Please input where appropriate, u  Tick ( ✓ )  Amendment Details  Beneficiary Name:  Beneficiary Address:  Beneficiary Account Number/IBAN: Payment details / Purpose of payments:  Others:	nfilled fields indicat	
* Please input where appropriate, u  Tick ( ✓ )  Beneficiary Name:  Beneficiary Address:  Beneficiary Account Number/IBAN:  Payment details / Purpose of payments:  Others:  f there is any charge please debit from	n our account numb	
* Please input where appropriate, u  Tick ( ✓ )  Amendment Details  Beneficiary Name:  Beneficiary Address:  Beneficiary Account Number/IBAN: Payment details / Purpose of payments:  Others:	n our account numb	
* Please input where appropriate, u  Tick ( ✓ )  Beneficiary Name:  Beneficiary Address:  Beneficiary Account Number/IBAN:  Payment details / Purpose of payments:  Others:  f there is any charge please debit from	n our account numb	