

# CORPORATE TELEGRAPHIC TRANSFER TRACER / CANCELLATION / AMENDMENT REQUEST

## Your Particulars

Company Name .....

Debit Account Number .....

Contact No. ....

## TT Details

Please send a tracer for the following transaction, details are as follows:

TT Reference No. ....

Date of Transaction .....

Currency & Amount .....

Reason for Request:

☐ Beneficiary claims non-receipt of funds.

☐ Amendment of TT details\*: .....

☐ Cancellation of payment.

☐ Back Valuation      Back Valuation Charges\*\*: Currency & Amount .....

☐ Others (please specify): .....

\*Note: Currency and Amount cannot be amended. For such cases, request for Cancellation of payment and submit a new payment request

\*\*Note: Charges quoted by Agent/beneficiary bank for back valuation

## Charges Details

Payment of handling, any agent charges or back valuation charges that may arise from the above request is as follows:

☐ Debit our account No. ....

## Terms and Conditions of Request

I/We acknowledge that by submitting this form, I/We agree to the General Banking Terms and Conditions. I/We acknowledge that this request will be processed same business day only if the application is submitted before the cut-off times stipulated from time to time failing which request will be processed on the next business day. We acknowledge that my request for cancellation of payment will be made only when you are in possession of the funds in respect of the above telegraphic transfer payment. This is subject to the beneficiary and/or his bank agreeing to my/our request for cancellation and returning the funds to you. I/We agree that you will have no responsibility or liability towards me/us if the beneficiary fails to return the funds to you.

I/We agree that any refund is to be made at the prevailing buying rate and less your charges if any.

Authorised Signature(s) with Company Stamp (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

## For Bank Use

Special Instruction from Branch .....

☐ Faxed original TT application form to Payment Operations (REM).

Name & Signature ..... Branch .....

Specimen No. .... Contact No. ....

## Customer Information

Completed form signed by the Authorised Signatory/ies should be submitted to DBS via any of the following channels:

(1) Original copy at any DBS/POSB Branches

(2) Scanned as PDF and send via IDEAL™ Secured Mailbox to the recipient group 'SG TT-Amendments/Cancel Requests'