

# 國泰世華商業銀行股份有限公司香港分行

Cathay United Bank Company Limited, Hong Kong Branch

Tel: (852) 2877 5488 Fax: (852) 2527 0966

## 匯出匯款 退匯/改匯/查詢 申請書 Remittance Refund/Amendment/Tracer Application Form

請以正楷填寫，在適當處加上"X"號。Please complete this form in BLOCK LETTERS, please "X" where appropriate

匯出匯款申請人(以下簡稱立約人)曾於 \_\_\_\_\_年 \_\_ 月 \_\_ 日向國泰世華商業銀行股份有限公司香港分行(以下簡稱本行)申請匯出匯款一筆，主要資訊如次：

The Applicant (hereinafter referred to as the "Applicant") to the Outward Remittance Application Form and Agreement and Fund Transfer Agreement had requested Cathay United Bank Company Limited, Hong Kong Branch (the "Bank") to execute Payment Orders on \_\_\_\_\_ (year) \_\_ (month) \_\_ (day).

受款人名稱

Beneficiary Name \_\_\_\_\_

帳號

Account \_\_\_\_\_

金額

Amount \_\_\_\_\_

受款銀行

Beneficiary Bank \_\_\_\_\_

今擬申請下列服務，請依照指示辦理

The Applicant hereby requests that the following to be processed

更改受款人名稱為

Change Beneficiary Name to \_\_\_\_\_

更改受款人地址為

Change Beneficiary Address to \_\_\_\_\_

更改受款人帳號為

Change Beneficiary Account No to \_\_\_\_\_

更改受款銀行名稱為

Change Beneficiary Bank to \_\_\_\_\_

更改受款銀行地址為

Change Beneficiary Bank Address to \_\_\_\_\_

受款人尚未收到款項，請向國外付款行查詢，並將查詢結果通知立約人

Payment not received, please send tracer and advice results.

受款人尚未收到款項，請向國外付款行要求止付，並請

Payment not received, please effect stop payment and

將改款退還立約人 Refund the Applicant

改匯至

Transfer the Payment to \_\_\_\_\_

其他

Others, Please Specify \_\_\_\_\_

上開委託事項，本行受理後，而發生損害或糾紛時立約人願負擔一切責任，概與本行無涉，另本行所發生之國外往來帳被重複扣款，或所發生之郵電費及國外銀行收取之費用亦由立約人照付。若立約人再匯款已寄出或匯款電報已拍發後申請退匯，無論金額大小，需收取退匯費，立約人絕無異議，退匯需已匯出款項退還至本行後始得以執行。

The Applicant shall be liable for damages or disputes arising from the above introductions. The Applicant shall be liable for additional fees, which may include, without limitation, an additional fee for bank initiated transactions, amendment fees, statement fees, fees assessed by Beneficiary Banks. A refund will be made only after the Bank has received confirmation of the effective cancellation of the Payment Order and the Bank is in free possession of the funds debited or earmarked in connection with the Payment Order. The Applicant shall be liable for any fees or charges in connection with this agreement.

立約人 Applicant

帳號 A/C No. \_\_\_\_\_

日期 Date \_\_\_\_\_

申請人簽署或蓋章 Authorized Signature (s)

請與原留印鑑相同 Please use signature(s) originally filed with the Bank

### 銀行專用 For Bank Use Only

備註 Remarks

經副襄理 Manager

覆核 Accountant

經辦 Teller

驗印 S.V.



HK01000501