

REQUEST FOR CANCELLATION OF GIRO PAYMENT

To: Mizuho Bank, Ltd., Singapore Branch Date: _____

GIRO Payment Details		
Single / Partial Transactions	Cancellation	
Applicant's Name	:	
Applicant's Account Number	:	
Payment Value Date	:	
Payment Amount	:	
Beneficiary Name(s)	:	
Beneficiary Bank(s)	:	
Beneficiary Account Number(s)	:	
Reason for Cancellation	:	
	:	
Bulk Cancellation		
GCMS Reference	:	
Applicant's Name	:	
Applicant's Account Number	:	
Payment Value Date	:	
Total Bulk Amount	:	
Total Number of Transactions	:	
Reason for Cancellation	:	
I/We hereby request you to car	ncel the captioned item(s).	
Authorized Signatory(ies) Customer Name and Stamp (if a	anv)	
customer Name and Stamp (ii t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signature Verified
		For bank use only