

Telegraphic Transfer (TT) Follow-Up Request Form

All fields are mandatory. Please complete form clearly in ENGLISH

Date: - -

Applicant's Particulars	Details of TT
Applicant's Name:	TT Reference No. :
Account No. : <input type="text"/>	Date of Transaction: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact Person:	Currency: <input type="text"/> Amount: <input type="text"/>
Contact No. : <input type="text"/> - <input type="text"/> - <input type="text"/>	Beneficiary's Name:

Please Tick the Relevant Box:

- Please TRACE the payment. Beneficiary claims non-receipt of funds.
- Please RECALL the payment. Upon receipt of fund, please credit the net proceeds to my/our account at the Bank's prevailing buying rate after less your charges.
- Please AMEND the following details. (PLEASE WRITE LEGIBLY):
-
- OTHER Request (Please specify): _____

Charges Details

I/We hereby authorise the Bank to debit my/our account for charges arising from this request.

Please debit my/our account number:

Declaration

I/We acknowledge that this request is dependent on third parties, the refund, if any, is subject to the concurrence of the beneficiary and/or the beneficiary bank. I/We also acknowledge that the Bank has no responsibility or liability whatsoever should the amendment or cancellation request eventually become unsuccessful.

Date: - -

Applicant's Signature(s) _____

For Bank Use Only

<input type="checkbox"/> OTC ¹ <input type="checkbox"/> Offsite ² Collected By _____ Name _____ <input type="checkbox"/> Mail In ³ <input type="checkbox"/> Fax ⁴	Attended By _____ Name _____ Rec Date & Time _____ <input type="checkbox"/> Customer Signature Verified ¹ <input type="checkbox"/> MyKad Biometric Verified ¹ <input type="checkbox"/> Supporting Document, if any ^{1,2,3,4}	Approved By _____ Name _____ Name _____ Scan Date & Time _____ Job Batch ID No. _____	EWF Maker _____ Name _____ Name _____ QR Date & Time _____ No. of Pages _____	EWF Checker _____ Name _____ Name _____ QR Date & Time _____ No. of Pages _____
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