

FOREIGN EXCHANGE SERVICES

FX INTERNATIONAL PAYMENTS: SINGAPORE

Query Request Form

Date / / (DD/MM/YYYY)

To: American Express International Inc. ("you", "your")
I/We, the Client named herein, hereby request the following transaction:
Please complete this form in CAPITAL LETTERS.

Yes, I would like to receive information about the benefits of transacting online.

CLEAR FORM

CLIENT'S DETAILS

Registered Business Name (as in ACRA)		Business Registration Number
Registered Business Address		Postal Code (compulsory)
Contact Name	Telephone Number	Fax Number

REQUEST TYPE (PLEASE TICK)

Telegraphic Transfer (TT) Amendment
 TT Trace
 TT Recall
 Draft Repurchase* (attach draft)

Draft Re-issue
 Draft Stop

* Applicable for drafts issued by American Express FX International Payments Singapore only

ORIGINAL TRANSACTION DETAILS

Foreign Currency Code <input type="text"/> <input type="text"/> <input type="text"/>	Foreign Amount	Reference Number	Draft Number
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Beneficiary Name

CORRECT TRANSACTION DETAILS (PLEASE AMEND)

Beneficiary Account Name	Beneficiary Account Number or IBAN Number
Beneficiary Bank Name	Beneficiary Bank Routing Number e.g. Sort Code, SWIFT, Fedwire Number, BSB (compulsory field)
Beneficiary Bank Full Address (please include City & Country)	Additional Comments

CLIENT'S DECLARATION

I/We acknowledge that where my/our Request involves the withdrawal or recalling of the above remittance, such withdrawal or recall is subject to the Beneficiary and/or Beneficiary bank's approval. I/We agree that you will not be liable, if the Beneficiary fails to return the transmitted funds to you. I/We agree that any amendment, cancellation and re-issue, stop payments or tracer requested by me/us is subject to additional fees, details of which are available on request, and any refund is to be made at the prevailing buying rate.

I/We agree to indemnify you against any claim, action, demand, loss, cost, expense or liability of whatsoever nature incurred by or threatened against you as a direct or indirect result of or in connection with this Request and any matter related thereto.

I/we confirm the previously submitted personal identification documents provided to American Express remain valid. I/we acknowledge it is my/our responsibility to update American Express with new identification documents, if previously submitted identification documents have changed or have expired.

I/We acknowledge that I/we have read and understood the Client's Declaration and I/we agree to be bound by the same. I/We confirm that this request and all matters related thereto are subject to the American Express Terms and Conditions for Foreign Exchange transactions.

CLIENT'S SIGNATURE

Signature 1	Full Name	Date (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature 2 (if dual signatory required)	Full Name	Date (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

FOR OFFICAL USE ONLY

Reference Number	Credit Amount
Credit Date (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	File Close Date (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Client Service Centre

Phone: (65) 1800 507 7688
Fax: (65) 6297 4269

Website: www.americanexpress.com.sg/fx

Mailing Address: 20 Pasir Panjang Road, Mapletree Business City (West Lobby), #08-25, Singapore 117439

