

ស្ថានីយ / Branch:

1. ព័ត៌មានលម្អិតនៃការផ្ទេរប្រាក់/ Details of Funds Transfer

Form with fields for Applicant's Name, Account No, Telephone Number, Reference No, Transaction Date, Beneficiary's Name, Beneficiary's Account, and Amount.

2. ប្រភេទនៃការស្នើសុំ / TYPE OF REQUEST

2.1 សូមកែប្រែព័ត៌មានផ្ទេរប្រាក់ដូចខាងក្រោម / Please amend the funds transfer information as follows:

Form with checkboxes for Beneficiary's Name, Address, Account No, Purpose of Payment, and Other (Specify).

2.2 អ្នកទទួលបានអត្ថប្រយោជន៍មិនទទួលបានប្រាក់ / Beneficiary Claim non-receipt of fund.

2.3 សូមធ្វើការបញ្ឈប់ប្រតិបត្តិការផ្ទេរប្រាក់ហើយបង្វិលសាច់ប្រាក់មកវិញ / Kindly cancel and refund payment

Table with 3 rows and 2 columns: Fee Charge, Amount in Figure, Amount in Word, and Debit from My/Our Account No.

ការចុះហត្ថលេខាបញ្ជាក់នេះ គឺជាឯកសារសម្រាប់បញ្ជាក់ការស្នើសុំ និងយល់ព្រមទទួលយកលក្ខខណ្ឌនានាដែលបានកំណត់ដោយធនាគារ SBI LY HOUR ។

By signing this form, I/we confirm that I/we have read and understood terms and conditions. I/we request SBI LY HOUR Bank acting in accordance with the terms of this request, and to agree to indemnify SBI LY HOUR Bank against all demands, actions, proceedings (whether groundless or not), liabilities, claims, damages, losses, costs and expenses (including without limitation legal fees on an indemnity basic) of whatever nature and howsoever arising that you may incur or sustain by reason thereof now or at any future time. I/we agree that any refund is to be made at the prevailing rate and less bank charges if any.

ហត្ថលេខាអ្នកស្នើសុំ / Applicant's Signature

សម្រាប់ការប្រើប្រាស់របស់ធនាគារប៉ុណ្ណោះ / FOR BANK USE ONLY

Customer verify: [] Signature verified [] Documents checked

Verify by _____ Authorized by _____ Processed by _____ Approved by _____