

FUNDS TRANSFER RECALL FORM
GIRO / BILL PAYMENT / IMMEDIATE TRANSFER

- This request shall be undertaken on a best effort basis
- If there is any dispute (or in the event the payee makes a demand from you in connection with the amount recalled), you will undertake to repay the relevant to SFL within 24 hours on demand.

YOUR ACCOUNT DETAILS

Account Name : | _____ |
 Account Number : | _____ |
 Contact Person : | _____ | Contact Number: | _____ |

① DETAILS OF PAYEE TO RECALL THE MONEY FROM

Transaction Date	_____	Payee Bank	_____
Mode Of Payment	<input type="checkbox"/> GIRO	<input type="checkbox"/> Bill Payment	<input type="checkbox"/> Immediate Transfer
Payee Account No.	_____		
Payee Account Name	_____		
Amount Paid	_____	IB Ref No.	_____

② PURPOSE FOR RECALL OF FUND ➤ Select where applicable

- Wrong account
- Wrong amount made to account holder
- Duplicate payment
- Others (please specify) | _____ |

③ AUTHORISED SIGNATURE(S)

- I/We hereby authorised SFL to disclose my/our personal/ contact information to the recalling bank for the purpose of funds transfer recall.
- I/We understand and accept that SFL cannot guarantee the success of the recalled transaction.

Signature(s)

Date

FOR OFFICE USE ONLY

Date Received	Signature Verified by (Name/Signature/Date)	Processed by (Name/Signature/Date)
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