GCMS Plus Application for Service Setup

To: ______(the "Bank")

We, the undersigned as Customer, hereby request your Bank to register the following services (the "Services") in relation to the GCMS Plus Basic Agreement dated [], the GCMS Plus Terms and Conditions and all other agreements and documents relating thereto. We undertake to cause Affiliated Companies to file their Consents to GCMS Plus Services with your Bank for the Services relating to the accounts, information and transactions of such Affiliated Companies.

Account Holding Office (Mandatory)																	
Account Holder's Name																	
(Mandatory)																	
1-70 alphanumeric characters																	
The GCMS Plus system converts ampersand symbol "&" into "and" or "AND."									1		<u> </u>	<u> </u>		1	1	1	1
Short Name																	
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Account Details and Service(s) Required

(*1) Please contact your relationship officer or GCMS Plus representative, because service availability is different among Servicing Offices.

(*2) Please select relevant option(s) regarding "Payment Services" (on the "GCMS Plus Customer Information Sheet") when payment services are determined to use.

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Other Service(s) Required

(*3) Please contact your relationship officer or GCMS Plus representative, because service availability is different among Servicing Offices.

Арр	lication Category Please select	t one.				
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Ser (*3)	vice(s) Required Select the s	servic	e(s) to be added/deleted.			
	Inward Remittance Report		Outstanding Transaction Report/Time Deposit	Outstanding Transaction Report/Loan		Outstanding Transaction Report/Foreign Exchange Contract
	Statement/Export		Statement/Import	Statement/Outward Remittance		
	Import L/C		File Transfer	Multi Purpose Service (Ple	ase	fill in the service name.)]

]]

GCMS Plus Supplemental Tool

- □ Add □ Delete [
- □ Add □ Delete [

(Customer Name)	
[

]

Authorized Signatory's Signature/Seal

If different from above, please also put the authorized signature/seal for the fees/charges account in the space above.

[Bank Use Only] Fields marked with * are not used if the Customer's Contracting Office is the Account Holding Office. <Customer's Contracting Office>

Office Code/Name: Department Head	Person in Charge	Signature Verified
Customer ID:		
Customer (Contracted Party) = Account Holding Company (Please tick)		
*Date of sending a duplicate copy of document to related office:		
<account (related="" contracting="" customer's="" holding="" office="" office)=""></account>		CMS Plus Services" 18) checked by
CIF of Account Owner:	Dept. Hea	d P.I.C.
Company Code (CIF) for MT998:	_	
Date of starting MT940/942/998 transmission:		MT942 MT998
*Account Holding Company's Address:		d) dispatched by
*Date of returning a duplicate copy of the doc. & the screen copies of core banking system to Customer's Contracting Office:	Dept. Hea	d P.I.C.
<customer's contracting="" office=""></customer's>		
 (1) Cross-checker** confirms that the registered accounts and services on GCMS Plus server are equal to the accounts and services applied by the customer. (2) Cross-checker confirms that the registered information (account number and CIF) on GCMS Plus server is same 	Cross-checker** (Approver)	Person who registers on GCMS Plus server (P.I.C.)
as the information on the screen of back office system (core banking system).		(F.I.C.)
Cross-checker ticks above boxes for <u>final check</u> of (1) and (2). **Cross-checker is the person who actually conducts "Approve" operation on GCMS Plus branch screen.		

	Application Category the	lect one category below and fill in nt Details items on the right.	Acc	Account Details p						The account information shown on the below must pertain to the account holder specified above.								
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	Delete account		Delete service(s)					Ord	inary	/			Oth	er				
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	Multi Purpose Service	e (Plea	se fill in the service name.)		Tax	Pay	men	t		_								
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	Multi Purpose Service			_	Tax			-	nont	(
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