APPLICATION FOR REQUEST TO CANCEL DDA TRANSACTIONS

Date:

To: SUMITOMO MITSUI BANKING CORPORATION
    (INCORPORATED IN JAPAN WITH LIMITED LIABILITY)
    HONG KONG BRANCH

Dear Sir/Madam,

With immediate effect, we _____
(A/C No.: _____) would like to cancel the Direct Debit Autopay transactions held with your bank
with details below:

Beneficiary   : _____

Beneficiary reference   : _____

Debtor Name   : _____

Beneficiary Account Number : _____

Payee Bank: : _____

Yours faithfully,
For and on behalf of
Company Name:

_____
Authorized Signature(s)
(Please sign with Co. Chop as filed with the Bank if applicable)