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Date:

記入日:

Fax: 03-3635-8625 www.smtj.co.jp

Beneficiary Deletion Request Form

TO: Speed Money Transfer Japan, K.K.

宛先:スピードマネートランスファージャパン株式会社

Remitter's Full Name:

By signing on this request form, I hereby authorize SMTJ to delete my aforementioned beneficiary/ies.

署名:

Remitter's Signature:

私は下記受取人の削除を申請致します。

ご依頼人名:

Speed ID No:

会員番号:

10

I certify that all information provided herein is accurate. 本用紙に記入した事項は全て正確であると証します。								
	Beneficiary/ies to be deleted 登録の削除を希望する送金受取人の名前	Payment Mode支払受取方法	Reason for Deletion 送金受取人登録の削除を希望する理由					
1								
2								
3								
4								
5								
6								
7								
8								
9								

Note: Please make a copy of this blank form if you would like to delete more of your beneficiaries. 受取人を10人以上削除希望の際は、本用紙をコピーし次項としてご使用下さい

FOR SMTJ'S USE ONLY									
Customer	☐ Walk- in	☐ Mail	Received By & Date:	Approved By & Date:	Deleted & Scanned By & Date:				
Requested	Fax	<pre>Email</pre>							
by:	Social Me	dia Platforms							