

## Direkte remittering correctional form

Payer inf	orn	natio	on								If more pages, specify below			
Name:									Page of					
Address 1: e										e- mail:				
Address 2	Address 2:													
Contact p	ers	on:									Tel:			
Correction	giver	ו by	pho	ne		Commission sent	MP	S		Commission to be sent MPS				
Date: Date:   Agreement ID/Agreement no. Assignment account									vor's age		Date:			
								(pa	yers acc	Journ	t) Assignment no.(7 characters) Given if assignment no. is known			
									A	\ddit	ional information?			
Commission sum: Kroner Øre														
Information regarding transactions to be corrected * remember to fill in øre amount														
Due	D	D	Μ	Μ	Y	Υ	Original amount				Receiver's acct./ ref.no. for giro			
date:		[		1						~	payment			
	_							Kr.	Ĺ	Øre				
NEW date:	D	D	Μ	Μ	Y	Y	New amount			~	Delete transaction			
		•	• • •	<i>c</i>				Kr.	Ĺ	ðre				
Other changes		Ass	sign	field	d na	me	and new value:							
Due	D	D	М	Μ	Å	Å	Original amount				Receiver's acct./ ref.no. for giro			
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date:								Kr.	Q	Øre	Delete transaction			
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NEW date:	D	D	Μ	Μ	Å	Å	New amount	1			Delete transaction			
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Due	D	D	Μ	Μ	Å	Å	Original amount				Receiver's acct./ ref.no. for giro			
date:		I	I	1	I	I					payment			
								Kr.	Ç	Øre				
NEW date:	D	D	Μ	Μ	Å	Å	New amount	.			Delete transaction			
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Other changes	Ass	sign	field	d na	me	and new value:								
Due	D	D	Μ	Μ	Å	Å	Original amount				Receiver's acct./ ref.no. for giro			
date:		1		1	I			.		~	payment			
					2	2		Kr.	Q	Øre				
NEW date:	D	D	М	M	Å	Å	New amount	Kr.	C	Øre	Delete transaction			

Other changes		Assign field name and new value:							
Info	Information to customer								
NB	•	Written confirmation is required for phoned-in changes.							
!	٠	New amount cannot be greater than original amount. Keep copy this form for your documentation							
	•								

Place/date:

Signature: