

## **CANCEL PAYMENT FACILITY**

**Equity Operations** 

To:

Company:	ASX Settler	nent Pty Li	imited (ASXS)		
Email: <a href="mailto:chesshelp@asx.com.au">chesshelp@asx.com.au</a> Phone: 1800 814 051					
Clearing Partic	cipant				
PID					
Please CANCE	L the following	Payment 1	Facility:		
		-			
		1 1 1	1 1 1		
Payment Facili	ity ID:				
Payment Provi	ider UIC:		Payment Pro	ovider:	
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7.00					
Effective Date:	:				
Name & Title of Autho	rigad Officer	Signa	ture of Authorised Officer	Date	Lodging Doutisinant Ctan
Name & Title of Autho	msed Officer	Signa	ture of Authorised Officer	Date	Lodging Participant Stan
Has the Paymer	nt Provider been	Notified	Y/N		
The Participant ind acting upon this red		nst any and a	ll losses, damages, cost an	d expenses that ASXS	S may suffer as a result of ASXS
deting apon tino rec	quest.				

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