

Grupo Aeroméxico, S.A.B. de C.V. Wire Transfer Request

**Creditor Name:** 

Claim Number(s):

Please send you completed form to <a href="mailto:aeromexicowire@epiqglobal.com">aeromexicowire@epiqglobal.com</a>.

## Please Type of Print in the Boxes Below

## PART I: CONTACT INFORMATION

THE CONTROL WE CHANGE
Contact Last Name kg MI Contact First Name OF GILDONG
Telephone Number (Day) たではで(たな)  フォント 8 ユー I O メ
Telephone Number (Evening) or (Cell) 社を比較(OFT) (H) + 8 2 - 1 O X - X X X - X X X - X X X X - X X X X
Email Address O1011名 程記(H) H O N G G I L D O N G @ D O M A ( N 。 C O M (Username)



Creditor Name:			
Claim Number(s):			
Part II: BANK INFORMATION			
Account Holder Name (if different than Creditor Name above): OH F			
Beneficiary Bank Name: Poly Da			
Country of Bank Account:    R E P U B L I C O F K O R E A			
IBAN or Account Number (Required): 刊をせる			
BIC/SWIFT Code (non-US Banks only): 十七吋 空间PINABA Routing Code (I	JS Banks Only):	Sort Code (i	JK/IRL Only):
Other Banking Instructions - Specify Further Credit (FFC) Information He	re:		
If you need to use an intermediary bank to transfer money, please components	olete the below:		
intermediary bonk wante.			
Country of Intermediary Bank Account:			
Intermediary IBAN or Account Number:	4		
BIC/SWIFT Code (non-US Banks only): ABA Routing Code (	US Banks Only):	Sort Code (U	UK/IRL Only):
Intermediary Bank Instructions		<u> </u>	
Intermediary Bank Instructions  I, the undersigned, am the above-referenced creditor, or an authorized signs is not the above-referenced creditor, please provide a copy of the power authority to make the representation on behalf of the creditor, and provimade to the above-referenced creditor be made by wire transfer to the abis authorized to receive payment for this claim, and (3) acknowledge that transfers to a non-U.S. bank account will be deducted from each wire.	of attorney, or a l de your title belo oove-referenced b	etter on company w.) I hereby (1) re- pank account, (2) co	letterhead granting t quest that distributic onfirm that this accou

Date:

Print Name of Claimant, or Authorized Sginatory (and title, if applicable)

Signature of Claimant, or Authorized Signatory (서口ま)

HONG, GILDONG