

Foreign Funds Transfer Request Form



(Not applicable for corporate accounts)

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Day Month Year

Name of Ordering Customer: _____

Address: _____

Kindly effect the following transfer on my/our behalf

Amount: _____ (In Words) _____

(Please specify (currency))

Name of Beneficiary: _____

Beneficiary Address: _____

Beneficiary's Bank: _____

Beneficiary's Bank Address: _____

Beneficiary's Account No: _____

BIC/ROUTING NO: (for USD transfers) _____

IBAN No/BIC (Mandatory for EURO transfers): _____

Sort Code (Mandatory for POUND transfers): _____

Intermediary Bank (If any): _____

Purpose of Payment "payment for goods not acceptable" (Please be specific) _____

Please Debit

My/Our (Dom. A/C) Account No.:

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For Principal

My/Our Account No:

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Withdrawal Charges Only

Local Charges Only

Offshore & Local Charges

Customer's

e-mail Address: _____ Phone No: _____

Customer's Signature

Customer's Signature

Official Use

ACCOUNT OFFICER: (Name & Signature) _____

Source of funds: Cash Deposit Inflow **RTB** _____

Originating Branch: _____ **HOP** (Name & Signature) _____

Confirming Officer: Name Signature/Date: _____