



APF	PLICANTS: Pls. fill-out; fields with asterisl	(*) are mandatory items; write in bold letters		Da	ite	Branch		
	Domestic Telegraphic Transfer PDDTS (Dollar) RTGS (Peso)	Foreign Telegraphic Transfer	Others (Ple	ease specify)				
	Correspondent / Receiving Bank		Remitter's Other information					
:20	Reference No.		*Source of Funds	s				
	*Remitters Account No.		*Birthdate/Registration Date					
	Invisible Code Importers' Code			*Birth Place *Nationality				
:32A	*Value Date (yy/mm/dd)			*Nature of Work/Business				
	*Amount and Currency		*Purpose/Reason					
:50	*Applicant Name		Mode of Paymen	nt				
				Cash Debit from Account				
	*Present Address (No.,St.,Subd/Dist/Town, City/Pro	On-us Check TD/PA/COP No.						
	*Permanent Address (No.,St.,Subd/Dist/Town, City/Prov., Country)			TERMS AND CONDITIONS The Bank shall not be liable for any loss or damage sustained by the Applicant or any other person by reason of the error or delay of telegraphic or cable companies transmitting the telegraphic transfer message directing the agencies employed by the Bank in the transfer of funds, the risk for all which are assumed by the Applicant. By filling-out this form, the Applicant authorizes the Bank to disclose information necessary for the execution of the transaction and the Applicant agrees that the Bank shall not be liable for any loss or damage that the Applicant may suffer come in a contraction of the transaction.				
	*Telephone Nos.	Fax Nos.	shall not be liable for any loss or damage that the Applicant may suffer or incur arising from or in connection with the disclosure of any such information. The Applicant authorizes the Bank to collect/debit from the above account any and all applicable fees & charges relative to the processing and implementation of this transaction.					
	*Tax ID No.	*SSS/GSIS No./Other ID Type and No.	I/We have read and hereby authorize the Bank to carry out this instruction and agree to be governed by the terms and conditions printed herein.					
:52	Ordering Bank							
:56	Intermediary Bank: FW/CH No. or SWIFT Code	9			Client's Si	anatura		
	Name		Signature verifie	ed by:	3.101.163 3.1	griatare		
	Address			For Bank's Use Only				
	NOTE: FW ¹ =Fedwire; CH ² =Chips; BIC ³ =Bank Identifier Code		Remittance Amount	e Rat to Pe		Pay Amount	USD Equivalent	
:57	Beneficiary Bank: FW/CH No. or SWIFT Code							
	*Name							
	*Address							
	*Country of Destination							
:59	*Beneficiary Account No.		Service Charge/Commission					
			Cable					
	*Beneficiary Name		Cash/Postage					
	*Address		Documentary Stamps					
	*Address		Others					
	*Daviddana lafa		TOTAL					
:70	*Remittance Info			Processed by				
			Test Key/ Code Date Tested					
			Verified by					
:71	*Charges for (Sha/Our)		Tested by					
:72	Sender to Receiver info			Approved by				
			Trans. Ref. No.					