

Funds Transfer Form

Transfer Details

Date 07/07/2022 Transfer Type Wire Transfer Account To Account Pay Order Demand Draft Debit my/our A/C no 019120023014

Account Currency UAE Dirham Account Name UMMSAID BAKERY DUBAI BRANCH

Currency of Transfer Euro Amount of Transfer 1244.29 OR AED Equivalent

Amount of Transfer (in words) ONE THOUSAND TWO HUNDRED FORTY-FOUR EUROS AND TWENTY-NINE CENTS

Special Rate Deal Reference No. (if any) _____ Exchange Rate in case of deal _____

Beneficiary's Account Details

Correspondent Bank Details (optional) _____

Beneficiary's Bank Name (Wire Transfers only) UNICREDIT BANCA

SWIFT Code UNCRITMMORR Routing Code* _____

*Routing Code is mandatory for the following countries: IFSC (for India), SORT if IBAN is not provided (for UK), IBAN (for Europe), FedWire/ABA (for USA), RTN (for Canada) and BSB (for Australia)

Bank Branch BRANCH OF SCHIO City / Town VICENZA Country ITALY

Beneficiary's Full Name PFM S P A

Beneficiary's Address PASUBIO-49, 36036 TORREBELVICINO (VI), ITALY

A/C No./ IBAN No. (Wire Transfer only) IT74L020080536400004722178

IBAN is mandatory for countries wherever applicable, not providing this information may result in additional charges, delayed payment, credit to incorrect account or rejection of transfer. Please be advised that, as per Central Bank guidelines, credit to accounts held in banks operating in UAE will be affected solely based on the beneficiary IBAN. All other information provided such as the beneficiary name and other details will not be used.

(Please refer page 2 for details)

Other Details

Charges (Wire Transfer Only): Shared Beneficiary(BEN) Our Call Back Required Yes No

(Please refer to description of purpose of payment available on Page 2)

Payment Type Purpose of Payment *MANDATORY *Purpose of Payment remark is mandatory in case of GDI is selected

*MANDATORY Section to be filled by individual Customer

<input type="checkbox"/> Personal Payment	<input type="checkbox"/> FAM	<input type="checkbox"/> PIN	<input type="checkbox"/> EMI	<input type="checkbox"/> EDU	<input type="checkbox"/> OAT	<input type="checkbox"/> SAL	<input type="checkbox"/> RNT	<input type="checkbox"/> STR
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*MANDATORY Section to be filled by Corporate or Business Banking Customer

<input type="checkbox"/> Service Payment	<input type="checkbox"/> CIN	<input type="checkbox"/> COM	<input type="checkbox"/> SAL	<input type="checkbox"/> PMS	<input type="checkbox"/> FIS	<input type="checkbox"/> TTS	<input type="checkbox"/> RNT	<input type="checkbox"/> TAX	<input type="checkbox"/> XAT	<input type="checkbox"/> EOS
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<input type="checkbox"/> Trade Payment or <input checked="" type="checkbox"/> Trade Advance Payment	<input type="checkbox"/> ATS	<input type="checkbox"/> OTS	<input type="checkbox"/> IGT	<input checked="" type="checkbox"/> GDI
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Purpose of Payment (Remarks) ADVANCE PAYMENT FOR ESSENTIAL SPARE PARTS - UBD/TT/2022/401

*MANDATORY Additional details required for Small Medium Enterprise, Free Zone and General Trading Customer sending US Dollar Payment.

1. Below details are mandatory and non-provision will result in a cancellation of the payment instruction. 2. Please note that the Bank will not be liable for any exchange loss resulting from such decline in transactions.

3. Please specify details for Service Payment and attach documents as prescribed for trade and trade advance payments.

Please select the business segmentation: Emerging Corporates/ General Trading/SME/FZE Other

Service Payment	Trade Payment	Trade Advance Payment
Specify type of service rendered:	1. Commercial Invoice Attached <input type="checkbox"/> 2. Transport document Attached <input type="checkbox"/>	1. Commercial Invoice / Proforma Invoice attached <input type="checkbox"/> 2. Description of Goods: _____ 3. Origin of Goods (Mention Country/s): _____ 4. Port of Loading (Mention Country/s): _____ 5. Port of Discharge / Destination (Mention Country/s): _____
Specify Country/s where service is rendered:	_____	_____

Authorised/Customer signatures	Please do not write in box	
Branch Stamp		

(I/We agree that this transfer will be made subject to the conditions set out on the reverse) Please note that we will process the Funds Transfer Request on the same day, provided the form is completed with all relevant data, subject to availability of funds and is submitted before the branch closure (refer overleaf). All Funds Transfer executed via the SWIFT banking system will receive an automated SWIFT message receipt the next working day on registered email address. Alternatively, it can be downloaded from the Online Banking portal.	For Bank Use	Please do not write in box
Branch Official 1(Staff ID & Signature)	Branch Official 2 (Staff ID & Signature)	Please do not write in box
Print		المشرق الإسلامي-قسم الخدمات المصرفية الإسلامية في بنك المشرق - ع