

Transfer Details

Date 10/08/2023 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 UAE Dirham Amount of Transfer 6142.50 OR AED Equivalent

Amount of Transfer (in words) SIX THOUSAND ONE HUNDRED FORTY-TWO UAE DIRHAMS AND FIFTY FILS

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) NATIONAL BANK OF FUJAIRAH PJSC

SWIFT Code NBFUAEAFDXB 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 BUR DUBAI City / Town DUBAI Country UNITED ARAB EMIRATES

Beneficiary's Full Name IQON FOOD INDUSTRIES LLC

Beneficiary's Address PO BOX - 24770, DUBAI, UAE

A/C No./ IBAN No. (Wire Transfer only) AE670380000012001666825

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.

Other Details

(Please refer page 2 for details)

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

Please select your Payment Type and Purpose of Payment (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
---	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

*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
<input checked="" type="checkbox"/> Trade Payment or	<input type="checkbox"/> ATS	<input type="checkbox"/> OTS	<input type="checkbox"/> IGT	<input checked="" type="checkbox"/> GDI						
<input type="checkbox"/> Trade Advance Payment										

Purpose of Payment (Remarks) PAYMENT FOR CHILLED EGG - UBD/TT/2023/437

*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: _____
Specify Country/s where service is rendered:		3. Origin of Goods (Mention Country/s): _____ 4. Port of Loading (Mention Country/s): _____ 5. Port of Discharge / Destination (Mention Country/s): _____

Authorised/Customer signatures

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

Branch Official 1 (Staff ID & Signature) _____
Branch Official 2 (Staff ID & Signature) _____

Print



Please do not write in box