

Funds Transfer Form

Transfer Details

Date 13/02/2023 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 23503.09 OR AED Equivalent

Amount of Transfer (in words) TWENTY-THREE THOUSAND FIVE HUNDRED THREE UAE DIRHAMS AND NINE 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) EMIRATES NBD

SWIFT Code EBILAEAD 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 DUBAI City / Town DUBAI Country UNITED ARAB EMIRATES

Beneficiary's Full Name EMIRATES DISTRICT COOLING EMICOOL LLC

Beneficiary's Address PO BOX - 9152, DUBAI

A/C No./IBAN No. (Wire Transfer only) AE350260001011016225501

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 select your Payment Type and Purpose of Payment

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 checked="" type="checkbox"/> Service Payment	<input type="checkbox"/> CIN	<input type="checkbox"/> COM	<input type="checkbox"/> SAL	<input type="checkbox"/> PMS	<input checked="" 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 type="checkbox"/> Trade Advance Payment	<input type="checkbox"/> ATS	<input type="checkbox"/> OTS	<input type="checkbox"/> IGT	<input type="checkbox"/> GDI
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Purpose of Payment (Remarks) PAYMENT FOR EMICOOL CHARGES FOR MONTH OF JAN - 2023- UBD/TT/2023/055

*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	
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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	