

Funds Transfer Form

Transfer Details

Date 19/01/2023 Transfer Type Wire Transfer Account To Account Pay Order Demand Draft Debit my/our A/C no 011941000032

Account Currency Qatari Rial Account Name ZAD HOLDING COMPANY

Currency of Transfer US Dollar Amount of Transfer 200000 OR AED Equivalent

Amount of Transfer (in words) TWO HUNDRED THOUSAND US DOLLARS

Special Rate Deal Reference No. (if any) 11703 Exchange Rate in case of deal 3.6680

Beneficiary's Account Details

Correspondent Bank Details (optional)

Beneficiary's Bank Name (Wire Transfers only)

SWIFT Code 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 City / Town Country UNITED ARAB EMIRATES

Beneficiary's Full Name ZAD HOLDING COMPANY

Beneficiary's Address AL MEENA STREET, DOHA, QATAR

A/C No./ IBAN No. (Wire Transfer only) AE44033000019120001103

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
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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 checked="" type="checkbox"/> IGT	<input type="checkbox"/> GDI
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Purpose of Payment (Remarks) INTERNAL FUND TRANSFER

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

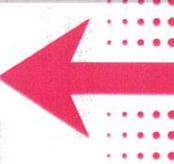
1. Below details are mandatory and non-provision will result in a cancellation of the payment instruction. 2. Please note that the Bank will not be liable for any exchange loss resulting from such decline in transactions.

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:		

QR-FTA/v3.0/07/18

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

Mashreq Al Islami – Islamic Banking Division of Mashreqbank psc

Please do not write in box

Please do not write in box

المشرق الإسلامي-قسم الخدمات المصرافية الإسلامية في بنك المشرق ش.م.ع