

Funds Transfer Form

Transfer Details

Date 28/01/2023 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 1900.50

OR AED Equivalent

Amount of Transfer (in words) ONE THOUSAND NINE HUNDRED 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) COMMERCIAL BANK OF DUBAI

SWIFT Code CBDUAEAD

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 17 MAIN BRANCH

City / Town DEIRA

Country UNITED ARAB EMIRATES

Beneficiary's Full Name HOT PACK PACKAGING INDUSTRIES LLC

Beneficiary's Address PO BOX - 80590, DUBAI

A/C No./ IBAN No. (Wire Transfer only) AE42023000001001516580

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)

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 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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Trade Payment or
 Trade Advance Payment

ATS

OTS

IGT

GDI

Purpose of Payment (Remarks) PAYMENT FOR ARM SLEEVES, NYLON APRON AND PLASTIC STRECH FILM-UBD/TT/2023/020

*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

Branch Stamp

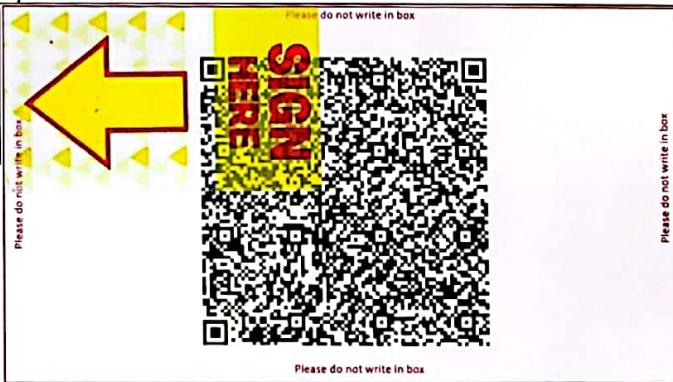
(I/We agree that this transfer will be made subject to the conditions set out on the reverse)
Please note that we will process the Funds Transfer Request on the same day, provided the form is completed with all relevant data, subject to availability of funds and is submitted before the branch closure (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

Mashreq Al Islami – Islamic Banking Division of Mashreqbank psc



Please do not write in box

Please do not write in box

ع

المصرف الإسلامي قسم الخدمات المصرفية الإسلامية في بنك المشرق رقم ٣٢



Journal Entry (2334000022) - Entry View ▾

Header	0 Attachments	0 Notes	0 Related Documents
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Journal Entry Date: 17.01.2023	Company Code: 5502 (Ummsaid Bakery Dubai)	Reference: UBD/TT/2023/020
Posting Date: 17.01.2023	Transaction Currency: AED	Ref. Document Type: BKPFF (Actg doc.direct inpt)
Posting period: 1 / 2023		Header Text: Hot pack Packaging
Journal Entry Type: KZ (Vendor payment)		Created: by LEKSHMI on 17.01.2023 08:31:27

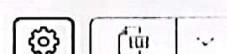
Show More

Line Items (2) Standard ▾



Posting View ...	G/L Account	Profit Center	Debit	Credit
000001	109586 (MSQ-...)	5502001 (UMMSAID BAKERY DUBAI)	0.00 AED	1,900.50 AED >
000002	205000 (Trd P...)		1,900.50 AED	0.00 AED >

Tax (0) Standard ▾



Tax Code	G/L Account	Tax Base Am...	Debit	Credit	Tax Rate
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No data found. Try adjusting the filter settings.

[Handwritten signatures]

PP

Edit

Create Correspondence

Reverse

New

Display Changes

Select Currency

