

Returned



Funds Transfer Form



Transfer Details

Date 23/08/2023 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 1092 OR AED Equivalent

Amount of Transfer (in words) ONE THOUSAND NINETY-TWO UAE DIRHAMS

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) CITIBANK

SWIFT Code CITIAEAD 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 OUD METHA City / Town DUBAI Country UNITED ARAB EMIRATES

Beneficiary's Full Name BAKLAWA MADE BETTER SUGAR CANDIES MANUFACTURING LLC

Beneficiary's Address PO BOX - 95989, DUBAI, UAE

A/C No./ IBAN No. (Wire Transfer only) AE580211000000202439004

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 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 checked="" type="checkbox"/> Trade Payment or <input 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) PAYMENT FOR DARK COMPOUND CHOCOLATES BATONS AND CHIPS - UBD/TT/2023/473

*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
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QR-FTA/v3.0/07/18

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.	  Please do not write in box
For Bank Use	Branch Official 1 (Staff ID & Signature) Branch Official 2 (Staff ID & Signature)	Khalja Bahauddin Asst. Vice President - Finance Please do not write in box
Mohammed Sadig Print	Sameer Mohammed Senior Manager • Finance Aszeem . Chief Accountant	Khalja Bahauddin Asst. Vice President - Finance Please do not write in box
Mohammed Sadig Accountant • Finance	9/2/2023	9/3/2023

Mohammed Sadig

Print

Mashreq Al Islami – Islamic Banking Division of Mashreq bank plc

Accountant • Finance

8/31/2023

Aszeem .

Chief Accountant

8/31/2023

Sameer Mohammed

Senior Manager • Finance

9/2/2023

Khalja Bahauddin

Asst. Vice President - Finance

Please do not write in box

9/3/2023