

# Payment Application Form

**Date:**

<b>Beneficiary</b>		<b>Payer</b>	
<b>Beneficiary's Bank</b>		<b>Ordering Bank</b>	
<b>Beneficiary's A/C</b>		<b>Payer's A/C</b>	
<b>TT/Trust Payment</b>		<b>Amount</b>	
<b>Description:</b>			

**Treasury Section:**

**Finance Director:**

**C.F.O.:**