

Electronic Fund Transfer Application For Office Accounts

Name of Applicant*: _____

Date*: ____ / ____ / ____
DD MM YYYY

Debit details*:

Account Number: _____

Credit Card Number: _____

Remittance amount will be treated as a cash advance and should not exceed the cash advance limit for the above mentioned credit card. Cash advance fee not applicable

Treasury Approved FX Rate: _____

Deal Code: _____

Transfer Details*

Transfer: _____
(Currency*) (Amount In Figures*)

OR Equivalent of _____
(Currency*) (Amount In Figures*)

In _____ (Transfer Currency*)

(Amount in words):

59 Beneficiary *	57 Beneficiary's Bank*
Name*: _____	Name*: _____
_____	Branch: _____
_____	City/State: _____
Account No./IBAN*: _____	Country*: _____
City/State/Address*: _____	Bank Code*: _____
Country of residence/Incorporation*: _____	_____
56A Intermediary Bank (For routing payment to Beneficiary's Bank)	71 Charges*
Name: _____	<input type="checkbox"/> All Charges to My/Our Account (OUR)
Branch: _____	<input type="checkbox"/> All Charges to Beneficiary Account (BEN)
City/State: _____	<input type="checkbox"/> Charges to me/US & other bank Charges to Beneficiary
Country: _____	
Bank Code: _____	
70 Purpose of Payment*	
_____	Purpose of Payment Code*:
_____	Individual: _____
_____	Business: _____

Please ensure application is correct and complete. Failure to do so may result in delays and/or rejection of transfer of funds

Applicant Signature	Applicant Signature	Bank use only
_____	_____	_____
SV	_____	

* denotes Mandatory fields. Please ensure to save the form before printing.

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