

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)	
Name: _____ Branch: _____ City/State: _____ Country: _____ Bank Code: _____	<input type="checkbox"/> All Charges to My/Our Account (OUR) <input type="checkbox"/> All Charges to Beneficiary Account (BEN) <input type="checkbox"/> Charges to me/US & other bank Charges to Beneficiary
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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