



ID100
18/7/12/2014
Bank Use Only

☐ Telegraphic Transfer (TT) / ☐ Bank Draft (DT)

BSP Samoa, APIA

Branch

Applicant Details: Please print a copy and sign. Original signature(s) required on the form

BOSPWSWS

Field 50K	Applicant Name(s) in Full	SKYEYE LTD			<input type="checkbox"/> Advise & Credit A/C	
	DOB/Gender/Occupation				<input type="checkbox"/> Advise & Pay	
	Residential / Street Address	VAIMOSO, PASIO ROAD			<input type="checkbox"/> Pay on Application & ID	
	City	APIA			OTT Number	9049OPS221005026
Field 32K	Country / Island	SAMOA			Value Date	05-October-2022
	Postal Address				Foreign CCY	USD
	Telephone / Mobile No	685-24590			Amount	3,500.00
	Account Number (WBC)	2001047428	CIF No	1050007	Rate	0.3473
	Account No (other Bank)				Local Equivalent	10,077.74
	ID Provided Type & No				Commission Outward	82.35
	Details of CASH funds				Commission SWIFT	-
					Total Local CCY	10,160.09
Beneficiary Details:						
Field 53A/54	Sender's Correspondent	BOFAUS3N	Receiver's Correspondent		Account to Debit/Chq Nbr	2001047428
					Cover No / MT202 Req'd?	NO
Field 56D	Intermediary Bank				Corresp Bank-for Entries	Bank of America NA New York USA
Field 57D	Paying Bank SWIFT Code	HSBCNZ2A			Nostro/Vostro GL Acct No.	B/AMERICA - 9231032 /100
	Paying Bank [A/C held with]	HSBC			CBS Code / BOP2 Code	P47
	Paying Bank Address / Location	AUCKLAND			Country to which paid	VIETNAM
					Description of Payments	CONSULTATION FEES
	Country	NEW ZEALAND				
Field 57	BSB / Routing / IBAN No. / ABA / IFSC No. etc.					
Field *59	Account Number	004030912251				
	Beneficiary Name(s) in Full	AMAZON WEB SERVICES NEW ZEALAND LIMITED				
	Residential / Street Address / City / Country	410 TERRY AVE NORTH SEATTLE, WA, 98109-5210, USA				
Field 70	Remittance Information	234994817709-ADVPAY-7HGAYZAWNU2L610				
Field 71A	Detail of Charges	SHA				
Field 72	Bank to Bank Information					

Customer Authority & Signature(s):

Terms and Conditions

- I understand that the Bank reserves the right to withhold issuance until all cheques tendered in payment are cleared.
- Bank of South Pacific Limited [hereinafter called "the Bank"] may utilise the services of another bank for the purpose of giving effect to the instructions of the Applicant.
- Subject to applicable law, you [the Applicant] indemnify and continue to hold us [the Bank] indemnified against any liability, loss, damage or expense whatsoever arising in connection with this application and all details contained herein, including but not limited to you providing us with incorrect payment instructions
- Due to cut off times for transmissions imposed by every Country/Bank's Standard Settlement Instructions, this payment may not be effected on the date of request and the Bank will not be liable for any losses as a result of delays in transmission or payment by its servants, employees, correspondent or third party banks.
- The Bank might give any information referred to above to entities other than the Parties and the Service Provider where it is required or allowed by law or where I [the Applicant] have otherwise consented.
- I understand that if I fail to provide any information requested in this form, or do not agree to any of the possible exchanges or uses detailed above, my request may not be accepted by the Bank
- Unless otherwise stipulated, charges in the country of payment are for the account of beneficiary
- By signing this requisition you are confirming that all details given herein are accurate
- Any amendment to Beneficiary details must be authorised in writing by authorised account signatories. Amendment requests by email will not be accepted.

Please remit the amount as per aforesaid details, by DEBITING my / our account2001047428..... for the amount of remittance plus your cahrges.

I / We have read and agree to the Terms & Conditions.

Company Director's / Firm / Personal / Joint Account Authorised Signature(s):	Branch / In-Country Use Only:
<p>REFER ATTACHED</p> <p>.....</p> <p>Authorised Signatory</p> <p>Designation: _____</p> <p>Date: _____</p> <p>.....</p> <p>Authorised Signatory</p> <p>Designation: _____</p> <p>Date: _____</p> <p>.....</p> <p>Signature/Name</p> <p>Designation: _____</p> <p>Date: _____</p> <p>DECLARATION:</p> <p>1) I/We are aware that it is an offence under the CBS Exchange Control (Foreign Exchange) Regulations 1999 to make a false statement in this application.</p> <p>2) I/We certify that the above statements are true, and that the currency will be used solely for the purpose stated.</p>	<p>We certify applicable Compliance & Regulatory checks completed.</p> <p>Processing Officer: Checking Officer:</p> <p>Compliance / Regulatory Checks:</p> <p>Instructions Received via:</p> <p><input type="checkbox"/> Fax <input checked="" type="checkbox"/> IB <input type="checkbox"/> Email <input checked="" type="checkbox"/> Counter</p> <p><input type="checkbox"/> Signature(s) Verified-Y</p> <p><input type="checkbox"/> STR / CTR Form Completed-Y</p> <p><input type="checkbox"/> Primary Callback Verification [All Amounts] for Email Instructions</p> <p><input type="checkbox"/> Secondary Callback Verification Amounts >AS150K</p> <p>Callback verified by: Customer name/telephone number (authorised signatory)</p> <p><input checked="" type="checkbox"/> MT103</p> <p><input type="checkbox"/> MT110</p> <p><input type="checkbox"/> MT202 / MT202COV</p> <p><input type="checkbox"/> Tax Clearance Requirements Verified-Y</p> <p><input checked="" type="checkbox"/> Respective Central Bank form completed-Y</p> <p><input checked="" type="checkbox"/> Required Documents Verified-Y</p> <p><input type="checkbox"/> Central Bank Approval No.</p>