

REQUEST FOR WIRE TRANSFER

Answer required for all fields, optional where noted. † Optional.

From account number:

Account name:

STAMP AREA

ISSUE THE FOLLOWING WIRE TRANSFER

32A Date: (DD/MMM/YYYY) Currency: Amount:

† 56 Swift/BIC code: National Clearing code: (ABA, Transit, Sort)

Correspondent / Intermediary bank name†:

Bank address:

Beneficiary bank name:

Address:

57 Swift/BIC code: National Clearing code: (ABA, Transit, Sort) Beneficiary bank's account number with intermediary:

59 Beneficiary account no. / IBAN:

Beneficiary account name:

Beneficiary account address:

† 70 Details of payment: (e.g. Invoice) (optional)

† 72 Sender to receiver information: (optional)

Client signature: Client name: (print) Date signed: (DD/MMM/YYYY)

Client signature: Client name: (print) Date signed: (DD/MMM/YYYY)

For Bank Use ONLY

Forex rate: Dealer name: Deal number:

Originating department: Signature verified: ☐ Yes ☐ No ID: ☐ Lic ☐ Passport ☐ Other ID#:

Dept. auth sig. 1:

Print name 1: Sig verified 1:

Dept. auth sig. 2:

Print name 2: Sig verified 2:

Special instructions:

Operations Use Only	INPUT	VERIFIED	AUTHORISED	FCUBS REFERENCE NUMBER
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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