Foreign Funds Transfer Request Form

Signature/Date



Customer's Balance

Day Month Year		
Name of Ordering Customer:		
Address:		
kindly effect transfer of the following on my/our behalf		
Amount: (In Words) _		
	(Please specify co	urrency)
Name of Beneficiary:		
Beneficiary's Bank:		
Beneficiary's Bank Address:		
Beneficiary's Account No:		
BIC/ROUTING NO:		
IBAN No/BIC (Mandatory for EURO transfers):		
Sort Code (Mandatory for POUND transfers):		
Intermediary Bank (If any):		
Purpose of Payment:		
Please Debit My/Our (Dom. A/C) Account No.:	For Principal and Commissio	
wy/our (some / or / Account to.)	Tot micipal and commission	,,,,
My/Our(Tzs A/C) Account No.:	For Telex Charges	
Take Offshore Charge Yes No Debit M		
Customer's e-mail Address:	Phone No:	
e-mail Address.	Thore No.	
Customer's Signature:	Customer's Signature:	
Official Use		
ACCOUNT OFFICER: Name:		
Source of funds: Cash Inflow Other	ers:	
E-mail Address:	Signature:	
TSG: Originating Branch:		
FT Officer: Name:		