

APPLICATION FOR A FOREIGN REMITTANCE

Please fill up the form in BLOCK CAPITAL Letters. All fields marked with an asterisk * are required for TT.

Please Issue/Effect a	For Office Use Only									
Current/Savings A/C No.	Rate@			Given By						
Name of the Account	SWIFT									
32. Amount Figures				Commission						
				FBK Chgs						
Words				Total						
50. Applicant's Name	Verifying Funds & Signature									
Address	Signature of Officer/ No.	I Date I								
NIC/PP/Business Reg. No.*		Entries Passed	i		Date	Date effected		Audit		
GST Tin No.										
CONTACT DETAILS		_	E	ndorsement	 S					
Telephone No.				Fully						
Email Address				Part						
56. Intermediate Bank (Corresponding Bank – if Available)				Student file/Service Agreements held at Branch YES/ NO						
Name of the Bank (State full Address					Brai					
Country		SWIFT Code	ode				ABA/BSB/BLZ/Sort Code			
59. DETAILS OF BENEFICIA	RY									
Account No./IBAN No.*										
Name*										
Address										
	Purpose									
70. DETAILS OF PAYMENT	Student Name					Student ID				
	Invoice No./Ref I	No.		Other R						
FOR IMPORT PURPOSE	i ito./ Keri									
Description of Items					Т	rade Term/I	ncoterm			
H.S Code		L								
FOR TELEGRAPHIC TRANSF	ERS ONLY									
71. Foreign Bank Charges to	For Drafts Only									
/We agree to bear the cost of consequences of any failure about or after is dispatch tra	of any furth to advise or	er charges to when dispatch or any		on may give rise	. It is und	derstood tha				
		For Off	fice Use Or	<u>nly</u>						
		Receiv	ed Draft N	0		on				
Signature of the Applicant Date					Signat	ure:				