

Funds Transfer Form

1 Transfer Details (please complete in BLOCK LETTERS)

Date [d][d][m][m][y][y][y][y]

Please tick transfer type: Wire Transfer Demand Draft Pay Order Account-to-account Transfer

Debit my/our A/C No. _____

Account Name _____

2 Senders Address Details

Landmark _____ Office/Flat No. _____ Floor _____ Building _____

Street _____ Emirate/City _____ Country _____
(Please provide your street address and not your PO Box address)

Currency of Transfer _____ Amount of Transfer (in figures) _____ or AED Equivalent Amount _____

Amount of Transfer (in words) _____

Exchange Rate _____ Deal Rate/Reference, if any _____

3 Beneficiary's Account Details

Correspondent Bank Details (optional) _____

Beneficiary's Bank Name (Wire Transfers only) _____

SWIFT code/IFSC _____

Bank Branch _____ City/Town _____ Country _____
(In Bank branch, providing IFSC (for India), SORT (for UK), FedWire No./ABA No. (for USA), Transit (for Canada) and IBAN (for EU), will expedite payment)

Beneficiary's Full Name _____

A/C No./IBAN No. (Wire Transfer only) _____

(IBAN is mandatory for payments wherever applicable, not providing this information may result in delayed payment to wrong account and additional charges)

4 Purpose of Payment

For AED payments, please tick the appropriate Transaction Type Code (find details overleaf)

<input type="checkbox"/> SAL	<input type="checkbox"/> BON	<input type="checkbox"/> COP	<input type="checkbox"/> LAS	<input type="checkbox"/> TKT	<input type="checkbox"/> CCP	<input type="checkbox"/> OHC	<input type="checkbox"/> RBC	<input type="checkbox"/> SAA	<input type="checkbox"/> CIN
<input type="checkbox"/> ALW	<input type="checkbox"/> COM	<input type="checkbox"/> EOS	<input type="checkbox"/> QVT	<input type="checkbox"/> ACM	<input type="checkbox"/> CRP	<input type="checkbox"/> INV	<input type="checkbox"/> ROC	<input type="checkbox"/> PIN	<input type="checkbox"/> EMI
<input type="checkbox"/> UNC	<input type="checkbox"/> FAM	<input type="checkbox"/> EDU	<input type="checkbox"/> RNT	<input type="checkbox"/> UTL	<input type="checkbox"/> PEN	<input type="checkbox"/> AES	<input type="checkbox"/> DCP	<input type="checkbox"/> MCR	<input type="checkbox"/> REM

(Please note that in case this is left blank REM will be selected as the default Transaction Type Code)

For non-AED payments, please tick 'Specific Purpose of Payment' (for Wire Transfer/DD only)

Gift Family Support Children Education Loan Settlement

****Specific Purpose of Payment** _____

****Invoice No.** _____

****Goods Involved** _____

****This is MANDATORY information – just mentioning an invoice number is NOT a Purpose of Payment. The goods on the invoice must also be mentioned. Example: Purchase of Iron Rods against Inv No.: XXX/Loan Repayment/Advance Payment/Investment, etc.**

Other Details (please tick)

Charges (Wire Transfer only): Shared Our Beneficiary (BEN)

(Local charges to be borne by Sender and overseas charges by Beneficiary)

(All local and overseas charges to be borne by Sender)

(All local and overseas charges to be borne by Beneficiary)

I authorise the Bank to freeze the amount required in my Account for payment of transfer request

I/We acknowledge that this request is governed by the Bank's terms and conditions and agree to abide with it

Authorised/Customer signatures _____

(I agree that this transfer will be made subject to the conditions set out on the reverse)

Please note that we will process your Funds Transfer Request on the same day, provided the form is completed with all relevant data, subject to availability of funds and is submitted before the specific currency cut-off time shown overleaf.

For Bank Use

Branch Official 1 _____

Staff ID & Signature _____

Branch Official 2 _____

Staff ID & Signature _____

Branch Stamp