

SWIFT FUND TRANSFER

APPLICATION FORM

The Manager Bank of Ceylon, Maldive	s Branch				
Date D D M M Y Y	YY				
I am making this SWIFT Fur	nd Transfer on behalf of : Myself : Con	nplete Section A Someone else: Complete Secti	ons A & B		
SECTION A	_	SECTION B	JOSTION		
APPLICANT'S DETAILS Name:		Name:	DETAILS OF PERSON LODGING THIS APPLICATION Name:		
Address:		Position / Title:			
Registration No:		Passport / NIC No:			
Contact No:		Phone No:			
WP / PP No:		Mobile No:			
Email:					
SWIFT FUND TRANSFER	DETAILS				
Currency Type & Amount	in Figures				
Amount in Words	·				
BENEFICAIRY BANK DETA	ILS				
Name of the Bank					
Address of the Bank / Bra	nch				
SWIFT Code Beneficiary's Bank					
Correspondent Bank (If ar	ny)				
SWIFT Code Correspondent Bank					
BENEFICIARY'S DETAILS					
Name of the Beneficiary (In BLOCK Letters)					
Address of the Beneficiar	у				
Beneficiary's Account No IBAN Number	1				
PURPOSE OF PAYMENT (MANDATORY) All the supporting documents	to be signed and sealed by the authorized signatories			
CHARGES DETAILS (CHAR	RGES OUTSIDE MALDIVES TO BE BORN B	Υ)			
APPLICANT (OUR) BENEFICIARY (SHA)	Other (Please Specify)			
PAYMENT FROM ACCOUN	т				
Account Number USD		Signature:			
Account Number MVR		O'markum.			
		Signature:	Company Stamp		
FOR BANK USE					
Remittance Amount:		Nostro:			
SWIFT Charges:		TT Number:			
Commission:					
Foreign Bank Charges:		Transaction authorized by:			
TAX:		-			
Total		Signature (A):			
		Signature (B):	•••••		

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PRIVACY ACKNOWLEDGEMENT

Where Bank of Ceylon ('the Bank') collects any personal information in connection with your application, it does so in order to carry out your instructions and to comply with applicable laws. The Bank may disclose that information to the beneficiary's bank, a correspondent or any relevant government authorities.

AGREEMENT AND AUTHORISATION

SIGNATURE OF APPLICANT

By signing this SWIFT Fund Transfer Application you acknowledge and agree that you:

- a) Have read and understood the Bank SWIFT Fund Transfer Terms and Conditions and agree to be bound by them;
- b) Declare that all information you have provided to the Bank on this Application Form is true and correct;
- c) SWIFT Fund Transfer is to be dispatched entirely at the remitter's own risk.
- d) Authorize the Bank to debit your account nominated in the 'Payment from account' section in this document, with the total payment, commission (if any), other fees, costs and duties which are imposed by the Bank in connection with this SWIFT Fund Transfer Application;
- e) Confirm that the amount to be transmitted is as stated below.

Currency.....Amount.....

- f) Authorize the Bank to disclose your information to its related companies (including subsidiaries) and third parties engaged by the Bank or its related companies, in order to carry out your instructions.
- g) Applications for the same day value are subject to cut-off time related to the geographical location of the destination.
- h) Applications received after 13:00 hours will not be processed on the same day
- i) Undertaking to proceed any further information documents related to the transaction if required.

This application must be signed in accordance with the mandate instructions on this account.

F	Full Name of the applicant					
		Name of the Signa	atory			
	Signature	Date D D M N	M Y Y Y			
		Name of the Signa	atory			
S	signature	Date D D M N	M Y Y Y			
				Company Stamp		
FOR BANK USE						
Che	ck List					
1.	Availability of authorised representative letter		Yes/No			
2.	Account details of the application tallies with core banking system		Yes/No			
3.	Signatures & Seal of the application are tallied with the	Yes/No				
4.	Supporting documents have been duly authenticated	Yes/No				
5.	Details of the application are tallied with the supporting	Yes/No				

Signature of the Officer:

Verified by: