

The Manager
 Bank of Ceylon, Maldives Branch

Date

I am making this SWIFT Fund Transfer on behalf of : Myself : Complete Section A Someone else: Complete Sections A & B

SECTION A APPLICANT'S DETAILS **SECTION B DETAILS OF PERSON LODGING THIS APPLICATION**

Name:	Name
Address:	Position / Title
Registration No: <input type="text"/>	Passport / NIC No <input type="text"/>
Contact No: <input type="text"/>	Phone No <input type="text"/>
WP / PP No: <input type="text"/>	Mobile No <input type="text"/>
Email:	

SWIFT FUND TRANSFER DETAILS

Currency Type	Amount in Figures
Amount in Words	
Name of the Beneficiary (In Block Letters)	
Address of the Beneficiary	

BANK DETAILS

Name of the Bank	
Address of the Bank/Branch	
Beneficiary's Account No	<input type="text"/>
SWIFT Code Beneficiary's Bank	<input type="text"/>
Correspondent Bank	
SWIFT Code Correspondent Bank	<input type="text"/>

PURPOSE OF PAYMENT (MANDATORY) All the supporting documents to be signed and sealed by the authorized signatories

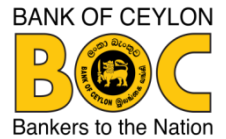
PAYMENT FROM ACCOUNT

Account Number USD <input type="text"/>	Signature: <input type="text"/>	<input type="text"/>
Account Number MVR <input type="text"/>	Signature: <input type="text"/>	

FOR BANK USE

Remittance Amount:	Nostro:
SWIFT Charges:	TT Number:
Commission:	E/P Date:
Foreign Bank Charges:	Transaction authorized by:
TAX:	Signature (A):
Total:	Signature (B):

SWIFT FUND TRANSFER Application Form



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

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) Authorise 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) Authorise 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

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

SIGNATURE OF APPLICANT

Full Name of the applicant

Signature

Name of the Signatory

Date:.....

Signature

Name of the Signatory.....

Date:.....

FOR BANK USE

Check List

- | | | |
|---|--------|----------------------------|
| 1. Availability of authorised representative letter | Yes/No | Date Received :..... |
| 2. Account details of the application tallies with core banking system | Yes/No | Time Received :AM/PM |
| 3. Signatures & Seal of the application are tallied with the mandate | Yes/No | |
| 4. Supporting documents have been duly authenticated | Yes/No | |
| 5. Details of the application are tallied with the supporting documents | Yes/No | |

Verified by:

Signature of the Officer: