

FUNDS TRANSFER APPLICATION

PLEASE COMPLETE IN BLOCK CAPITALS

APPLICATION DATE:					
APPLICANT/ACCOUNT NAME:					
APPLICANT CONTACT NO:					
APPLICANT ACCOUNT NUMBER TO BE DEBITED:					
CURRENCY/AMOUNT: (IN FIGURES):					
(IN WORDS):					
TYPE OF PAYMENT: SINGLE PAYMENT STANDING INSTRUCTIONS A/C TO A/C TRANSFER OFFICE CHEQUE					
MODE OF PAYMENT: * SWIFT TRANSFER TRANSMISSION OF CHEQUE BY POST OVERSEAS BANK DRAFT					
TRANSFER TO OTHER LOCAL BANKS IN FCY TRANSFER TO OTHER LOCAL BANKS IN LCY					
* FULL BENEFICIARY'S NAME (59F):					
* BENEFICIARY'S ADDRESS (59F):					
* BENEFICIARY'S COUNTRY (59F):					
* BENEFICIARY'S BANK NAME AND ADDRESS (57A):					
* SWIFT CODE (57A): BANK/CLEARING CODE (57A):					
* BENEFICIARY'S ACCOUNT NUMBER (59):					
IBAN NUMBER (59):					
* PURPOSE (70):					
* BANK CHARGES (71A): OUR BEN					
(') Mandatory fields for all SWIFT Transfers					

(*) Bank charges: (71A)

OUR: Local and Overseas bank charges are borne by the applicant. (N.B. Depending on currency transferred and intermediary banks involved, there may be additional overseas charges incurred of which same shall be debited to your a/c)

SHA: Local bank charges are borne by the applicant and Overseas bank charges are borne by the beneficiary.

BEN: Local and Overseas bank charges are borne by the beneficiary (same shall be deducted from the transferred amount).

FOR STAN	DING INSTRUCTION ONL	Y - PLEASETICK (>) A	SAPPROPRIATE		
DATE OF TRANSFER:		AMOUNT:			
FREQUENCY: MONTHLY OTHER:	QUARTERLY	SEM	I-ANNUALLY	ANNUALLY	
START DATE:		END DATE:			
It is understood that the standing order v preceding the Standing Order due date. In o with the relative commissions/equivalent o	case my/our* request is accep	ted, I/we* hereby authori	se you to debit my/our* above		
I/We* agree that these instructions are subjare no legal restrictions, including but not li the MCB Seychelles from proceeding with s	mited to,Anti-Money Launder			•	
I/We* understand that the relative message the part of the MCB Seychelles or its agen			-	or responsibility on	
In the event this transfer is effected but car of the account debited at the buying rate (
It is further agreed that no refund shall be instructions have been cancelled. In that c				nts that the transfer	
I/We* understand that a bank draft is payal no fault of the MCB Seychelles be unpaid, (where applicable) ruling on the day the re	I/we* can only claim the equ	ivalent amount in the cu	-	_	
The refund cannot be effected until I/we* unpaid and that the original instructions haprocessed the next business day.		•			
I/We* agree that in the event of any delay the funds transfer pursuant to my/our* pay transfer plus interest.		•	,	,	
Please debit my account	for the	sum of SCR	, or equivalent, fo	r photocopy charges	
([*]) Strike out and initial as appropriate					
Authorised signate	ory		Authorised signatory		
	FOR BANI	(USE ONLY			
FUND TRANSFER REFERENCE:					
Attended and Verified by:	Input by:		Verified by:		
	_				
DRAFT NO:					
Draft signed by:					

Alpha-numeric signature codes