ABC BANKING CORPORATION
count on us

BRN: C07018920

TELEGRAPHIC TRANSFER/MACSS APPLICATION FORM - RETAIL/ CORPORATE/ IB

Please fill in **BLOCK LETTERS**. All information are **mandatory**.

Date .....

APPLICANT'S PARTICULARS

Debit my/ our Account No

Full Name of Applicant

.....

Full Address of Applicant

.....

.....

Purpose of Payment/Reference

.....

.....

Currency of funds to be sent

.....

Amount (in figures)

.....

Amount (in words)

.....

Rate (Foreign Exchange)

.....

Value Date (Transfer to be sent)

.....

BENEFICIARY'S PARTICULARS

Beneficiary's Account No/ IBAN:

Full Name of Beneficiary

.....

.....

Full Address of Beneficiary

.....

.....

Bearer of Charges/ Fees

☐ Applicant (OUR) ☐ Beneficiary (BEN) ☐ Both (SHA)

Charges to be debited from account no

.....

Name and Address of Beneficiary Bank

.....

.....

Beneficiary Bank Swift Code

.....

Name and Address of Intermediary Bank

.....

.....

Intermediary Bank Swift Code

.....

For queries, please contact

.....

Email

.....

Phone No

Office

.....

Mobile

.....

AGREEMENT AND AUTHORISATION

By signing this Telegraphic Transfer /Macss Application form, I/we acknowledge and agree that I/we:

(a) authorize the bank to collect any personal information in connection with the application. The bank may disclose that information to the beneficiary's bank, a correspondent or and third parties engaged by the bank in order to carry out the instructions;

(b) authorize the bank to debit my/our account nominated in the "Debit my/our account No" or "Bearer of Charges/Fees" sections 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 application;

(c) declare that I/we am/are fully aware of the relevant provisions of the Financial Intelligence and Anti Money Laundering Act 2002, and hereby confirm that this transaction in no respect violates the relevant provisions of the said Act and is not connected in any way to any unlawful financial activity, pursuant to any Anti-Money Laundering and Combating the Financing of Terrorism Legislation in force; and

(d) also understand that payment by telegraphic transfer will be entirely at my/own risk and on my/our responsibility and on the distinct understanding that no liability whatsoever is to be attached to the bank or any of its officers for any loss, injury or damage arising or resulting from delay in transmission delivery or non-delivery of the telegraphic message or for any mistake omission or error in the transmission or delivery thereof or in deciphering the message from whatsoever cause or from its misrepresentation when received. In any case, I/we clearly understand and accept that this transfer will effectively be done upon availability of currency on the market.

Authorised Signature (s) & Seal of Company (if applicable)

For and on behalf of

.....

Office Use Only - Front Office

Call back date

.....

Call back time

.....

Confirmed with

.....

Phone No

.....

Signature Verified

.....

Indemnity (Mail/Fax)

.....

Funds on account

.....

Name & Signature of staff

.....

Name & Signature of authoriser

.....

Office Use Only - Back Office