

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:	<input type="checkbox"/> SINGLE PAYMENT	<input type="checkbox"/> STANDING INSTRUCTIONS	<input type="checkbox"/> A/C TO A/C TRANSFER	<input type="checkbox"/> OFFICE CHEQUE
MODE OF PAYMENT:	<input type="checkbox"/> SWIFT TRANSFER	<input type="checkbox"/> TRANSMISSION OF CHEQUE BY POST	<input type="checkbox"/> OVERSEAS BANK DRAFT	
	<input type="checkbox"/> TRANSFER TO OTHER LOCAL BANKS IN FCY	<input type="checkbox"/> TRANSFER TO OTHER LOCAL BANKS IN LCY		
* FULL BENEFICIARY'S NAME (59F):	<input type="text"/>			
	<input type="text"/>			
* BENEFICIARY'S ADDRESS (59F):	<input type="text"/>			
	<input type="text"/>			
* BENEFICIARY'S COUNTRY (59F):	<input type="text"/>			
* BENEFICIARY'S BANK NAME AND ADDRESS (57A):	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
* SWIFT CODE (57A):	<input type="text"/>	BANK/CLEARING CODE (57A):	<input type="text"/>	
* BENEFICIARY'S ACCOUNT NUMBER (59):	<input type="text"/>			
IBAN NUMBER (59):	<input type="text"/>			
* PURPOSE (70):	_____			
* BANK CHARGES (71A):	<input type="checkbox"/> OUR	<input type="checkbox"/> SHA	<input type="checkbox"/> 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 STANDING INSTRUCTION ONLY - PLEASE TICK (✓) AS APPROPRIATE

DATE OF TRANSFER: _____		AMOUNT: _____	
FREQUENCY: <input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> ANNUALLY
<input type="checkbox"/> OTHER: _____			
START DATE: _____		END DATE: _____	

It is understood that the standing order will only be executed if my/our` account is sufficiently funded at close of business of the working day preceding the Standing Order due date. In case my/our` request is accepted, I/we` hereby authorise you to debit my/our` above mentioned account with the relative commissions/equivalent of the sum of commissions at the current rate prevailing on the transaction date.

I/We` agree that these instructions are subject to the account to be debited being adequately funded at time of processing and provided that there are no legal restrictions, including but not limited to, Anti-Money Laundering/Counter-Financing of Terrorism legislations and conventions preventing the Interbank Aruba from proceeding with same.

I/We` understand that the relative messages for outward transfers are sent by SWIFT at my/our` own risk without any liability or responsibility on the part of the Interbank Aruba or its agents for any loss or delays caused by the aforesaid restrictions.

In the event this transfer is effected but cannot be applied through no fault of the bank, I/we` can only claim the equivalent amount in the currency of the account debited at the buying rate (where applicable) ruling on the day the refund takes place less any applicable charges.

It is further agreed that no refund shall be made unless the Interbank Aruba has received definitive advice from its Agents that the transfer instructions have been cancelled. In that context any charge resulting therefrom shall be borne by me/us`.

I/We` understand that a bank draft is payable by the Bank on which it is drawn and whose address is specified thereon. Should the draft, through no fault of the Interbank Aruba be unpaid, I/we` can only claim the equivalent amount in the currency of the account debited at the buying rate (where applicable) ruling on the day the refund takes place less any applicable charges.

The refund cannot be effected until I/we` return the draft and the Interbank Aruba has received definite advice from its Agents that the draft is unpaid and that the original instructions have been cancelled. I/We` understand that any request for funds transfer given after cut-off time will be processed the next business day.

I/We` agree that in the event of any delay in the completion of any funds transfer or any loss on account due to any error(s) in the execution of the funds transfer pursuant to my/our` payment instructions, the bank's liability shall be limited to the extent of the amount involved in the funds transfer plus interest.

Please debit my account _____ for the sum of SCR _____, or equivalent, for photocopy charges.

() Strike out and initial as appropriate

Authorised signatory

Authorised signatory

FOR BANK USE ONLY

FUND TRANSFER REFERENCE:		
Attended and Verified by:	Input by:	Verified by:
DRAFT NO:		
Draft signed by:		
Alpha-numeric signature codes		