


REQUEST FOR FUNDS TRANSFER FORM

 Date: 13.06.2004

 Please complete form in **BLOCK** letters and tick where applicable.

I/We wish to apply for	<input checked="" type="checkbox"/> Telex Transfer	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Cashier's Order
Delivery Instructions <i>(Demand Draft/Cashier's Order)</i>	<input type="checkbox"/> Dispatch directly to beneficiary	<input type="checkbox"/> Dispatch directly to me/us	<input type="checkbox"/> Hold for collection
REMITTER'S ACCOUNT DETAILS			
Debit Account Number	<u>0 2 0 - 7 7 7 4 3 2 - 0 0 1</u> Account Name SABRINE PITT		
REMITTANCE DETAILS (please tick only one box)			
Remittance Currency	<input type="checkbox"/> UAE Dirham <input type="checkbox"/> US Dollar <input checked="" type="checkbox"/> Pound Sterling <input type="checkbox"/> Euro <input type="checkbox"/> Indian Rupee <input type="checkbox"/> Other _____		
Amount in figures <i>(Please specify currency)</i>	<input checked="" type="checkbox"/> Remittance currency OR <input type="checkbox"/> Other currency _____ <u>- - - , - - - , - 1 0 , 0 0 0 . 0 0</u>		
Amount in words	STERLING POUNDS TEN THOUSAND ONLY		
Charges <i>(only for TT's)</i>	Sending bank	<input checked="" type="checkbox"/> Charge my account	<input type="checkbox"/> Charge from remittance amount
	Other bank	<input type="checkbox"/> Charge my account	<input checked="" type="checkbox"/> Charge from remittance amount
Corporate Clients only	Exchange Rate	Agreed with (Name)	
	Value date	Forward Contract <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference Number:
BENEFICIARY DETAILS			
Name:	MALITH ALFREDO		
Account Number:	002 589777 34		
Bank:	NAT WEST BANK		
Branch:	LONDON WEST END	City: LONDON	
State/County/Province:	GREATER LONDON	Country: UK	
Bank Code*:	SORT CODE 60-80-28	(*SWIFT/Sort Code/Fedwire ID/CHIPS UID/etc.)	
Beneficiary address <i>(Personal or Business)</i>	KING'S COURT HOUSE, LEVEL 2, PENTONVILLE ROAD, LONDON WE2J 7DK, UK.		
Payment details:	Q2 2004 TUITION FEES FOR MY BROTHER MALITH		
REMITTER'S DETAILS			
Contact Numbers:	Mobile: 050-5276350	Office/Residence: 04-3535000	E-mail: malith@hotmail.com
I/We agree to the Terms & Conditions given at the back			S.V.
Customer Signature:			Bank Staff Name & Signature


BANK USE ONLY										
P=	DD or COC ref. no.	Value Date	Rate	To Bank	Benf. Bank	Charge Type: Our/Ben/Sha	Charge Code	Commission	Maker	Authorised Signature
										MSG
										Cover

Save time and money by transacting through our Electronic Banking Channels.
 For more details, please call 800 HSBC (800 4722) or your Relationship Managers.

REQUEST FOR FUNDS TRANSFER FORM

 Date: 09.06.2004

 Please complete form in **BLOCK** letters and tick where applicable.

I/We wish to apply for	<input type="checkbox"/> Telex Transfer	<input checked="" type="checkbox"/> Demand Draft	<input type="checkbox"/> Cashier's Order
Delivery Instructions <i>(Demand Draft/Cashier's Order)</i>	<input checked="" type="checkbox"/> Dispatch directly to beneficiary	<input type="checkbox"/> Dispatch directly to me/us	<input type="checkbox"/> Hold for collection
REMITTER'S ACCOUNT DETAILS			
Debit Account Number	<u>0 2 0 - 7 7 7 4 3 2 - 0 0 1</u> Account Name SABRINE PITT		
REMITTANCE DETAILS (please tick only one box)			
Remittance Currency	<input type="checkbox"/> UAE Dirham	<input type="checkbox"/> US Dollar	<input checked="" type="checkbox"/> Pound Sterling <input type="checkbox"/> Euro <input type="checkbox"/> Indian Rupee <input type="checkbox"/> Other _____
Amount in figures <i>(Please specify currency)</i>	<input checked="" type="checkbox"/> Remittance currency OR <input type="checkbox"/> Other currency _____ <u>- - - , - - - , - 1 0 , 0 0 0 . 0 0</u>		
Amount in words	STERLING POUNDS TEN THOUSAND ONLY		
Charges <i>(only for TT's)</i>	Sending bank	<input checked="" type="checkbox"/> Charge my account	<input type="checkbox"/> Charge from remittance amount
	Other bank	<input type="checkbox"/> Charge my account	<input checked="" type="checkbox"/> Charge from remittance amount
Corporate Clients only	Exchange Rate	Agreed with (Name)	
	Value date	Forward Contract <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference Number:
BENEFICIARY DETAILS			
Name:	MALITH ALFREDO		
Account Number:	002 589777 34		
Bank:	NAT WEST BANK		
Branch:	LONDON WEST END	City: LONDON	
State/County/Province:	GREATER LONDON	Country: UK	
Bank Code*:	SORT CODE 60-80-28	(*SWIFT/Sort Code/Fedwire ID/CHIPS UID/etc.)	
Beneficiary address <i>(Personal or Business)</i>	KING'S COURT HOUSE, LEVEL 2, PENTONVILLE ROAD, LONDON WE2J 7DK, UK.		
Payment details:	Q2 2004 TUITION FEES FOR MY BROTHER MALITH		
REMITTER'S DETAILS			
Contact Numbers:	Mobile: 050-5276350	Office/Residence: 04-3535000	E-mail: malith@hotmail.com
I/We agree to the Terms & Conditions given at the back Customer Signature:			S.V. Bank Staff Name & Signature
			


BANK USE ONLY										
P=	DD or COC ref. no.	Value Date	Rate	To Bank	Benf. Bank	Charge Type: Our/Ben/Shu	Charge Code	Commission	Maker	Authorised Signature
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REQUEST FOR FUNDS TRANSFER FORM

 Date: 06.06.2004

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I/We wish to apply for	<input type="checkbox"/> Telex Transfer	<input type="checkbox"/> Demand Draft	<input checked="" type="checkbox"/> Cashier's Order
Delivery Instructions <i>(Demand Draft/Cashier's Order)</i>	<input type="checkbox"/> Dispatch directly to beneficiary	<input type="checkbox"/> Dispatch directly to me/us	<input checked="" type="checkbox"/> Hold for collection
REMITTER'S ACCOUNT DETAILS			
Debit Account Number	<u>0 2 0 - 7 7 7 4 3 2 - 0 0 1</u> Account Name SABRINE PITT		
REMITTANCE DETAILS (please tick only one box)			
Remittance Currency	<input checked="" type="checkbox"/> UAE Dirham <input type="checkbox"/> US Dollar <input type="checkbox"/> Pound Sterling <input type="checkbox"/> Euro <input type="checkbox"/> Indian Rupee <input type="checkbox"/> Other _____		
Amount in figures <i>(Please specify currency)</i>	<input checked="" type="checkbox"/> Remittance currency OR <input type="checkbox"/> Other currency _____ <u>- - - , - - - , - 1 0 , 0 0 0 . 0 0</u>		
Amount in words	AED TEN THOUSAND ONLY		
Charges <i>(only for TT's)</i>	Sending bank	<input checked="" type="checkbox"/> Charge my account	<input type="checkbox"/> Charge from remittance amount
	Other bank	<input type="checkbox"/> Charge my account	<input checked="" type="checkbox"/> Charge from remittance amount
Corporate Clients only	Exchange Rate	Agreed with (Name)	
	Value date	Forward Contract <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference Number:
BENEFICIARY DETAILS			
Name:	MALITH ALFREDO		
Account Number:			
Bank:			
Branch:		City:	
State/County/Province:		Country:	
Bank Code*:	(*SWIFT/Sort Code/Fedwire ID/CHIPS UID/etc.)		
Beneficiary address <i>(Personal or Business)</i>			
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REMITTER'S DETAILS			
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I/We agree to the Terms & Conditions given at the back			S.V.
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