



REQUEST FOR TELEGRAPHIC TRANSFER

Branch

TO BE COMPLETED IN BLOCK CAPITALS
32A DATE: DD/MM/YY TYPE OF CURRENCY AMOUNT AMOUNT (in words)
50F SENDER'S ACCOUNT NO./REFERENCE NUMBER - NON-ACCOUNT HOLDER ONLY SENDER'S FULL LEGAL NAME (FIRST/MIDDLE/LAST) SENDER'S ADDRESS
56D INTERMEDIARY BANK - FED WIRE ABA NO./TRANSIT NO. ETC OR 56A BIC NAME CITY COUNTRY
57D BENEFICIARY'S BANK - FED WIRE ABA NO./TRANSIT NO. ETC. OR 57A BIC NAME ADDRESS - STREET ADDRESS CITY COUNTRY
59 BENEFICIARY'S ACCOUNT NO./REFERENCE NUMBER BENEFICIARY'S FULL LEGAL NAME (FIRST/MIDDLE/LAST) BENEFICIARY'S ADDRESS
70 INSTRUCTIONS/DETAILS OF PAYMENT (E.G. INVOICE #, SCHOOL FEES, CONTRACT #, ETC.)
PERSON ON WHOSE BEHALF THE ORDER IS BEING PLACED (IF NOT THE CUSTOMER) ACCOUNT NUMBER/REFERENCE NUMBER FULL LEGAL NAME (FIRST/MIDDLE/LAST) ADDRESS DATE OF BIRTH (DD/MM/YY) CITIZENSHIP/NATIONALITY NATIONAL IDENTIFICATION NUMBER\* CUSTOMER ID NUMBER OR PLACE OF BIRTH\* SOURCE OF FUNDS
FOR BANK USE ONLY
CORRESPONDENT BANK DATE (DD/MM/YY) Indicate Option [ ]
71A CHARGES [ ] OUR ACCOUNT [ ] RECEIVER'S ACCOUNT
72 BANK TO BANK INFORMATION [ ] Phone BEN [ ] BEN ONLY [ ] CHEQUE [ ] HOLD
FOR OFFICE USE ONLY
TT Exchange Rate Cost of Transfer TOTAL AUTHORIZED BY:
I/We confirm that the above information was verified by me/us. Please tick whichever applicable - [ ] I/We authorise you to debit my/our account # to cover total cost [ ] I/We attach cheque/withdrawal voucher to cover total cost. [ ] I/We tender cash to cover total cost (special conditions applicable).
Signature Company Seal/Stamp

Please transmit the above instructions at my/our risk and cost, it being understood that I/we release you and whatever correspondents or agents you choose from and against the consequences of any irregularity, delay, telegraphic error, omission, error or misrepresentation that may arise and from and against any loss which may be incurred through your correspondents failing to properly identify the person named in the above instructions or retaining the funds pending confirmation of the identity of any person, or of the above instructions. I/we also agree that the aforesaid release shall extend to all risks of exchange fluctuation. I/we authorize National Commercial Bank Jamaica Limited to provide to any correspondent bank and or agent, and/or any government agency all requested information and/documentation in relation to me/us, the operations of my/our account, and this transaction which it has in its possession and or provided by me/us or my/our agent.