Bank of Sha	arjah								Date: *		
Branch:*										(dd/r	mm/vvvv)
By the debit of my/our A/C No. *		A/C No. *									
		A/C Name *									
Please transfer an amount of *											
[] One-Time		Execution Da	(Currency)	(Amount)				(Amount in Words)			
[] Recurring		[] Daily	[]Weekly [] Fortnightly	[] Monthly	[] Ev	ery 2 months	[]Quar	terly []Ha	lf-yearly	[] Yearly
		Starting Date The bank rese		charge for any un	Ending Da		e to insufficier	nt funds.	OR [] un	til further no	otice
ORDERING CUS	OMER	TO APPEAR		LS AVAILABLE V	VITH THE BA		DER MY/OUR	ACCOUN		ABOVE	
57	Beneficiary's Bank		Name *								
			Address *								
			Country *				' Chips ID / Austr ire / USA ABA /				
59	Beneficiary		Account No.* / IBAN								
			Name *								
			Address *								
			Country *								
70*	Purpos (Remitta	se of Payment	: 								
71*		[] All local and overseas charges borne OR [] All local and overseas charges OR [] Local charges borne by remitter & overseas by beneficiary (BEN) borne by remitter (OUR) charges borne by beneficiary (SHA)									
CTD-05	Transa	action Code *									
Special Instruc Intermediary (If any)	tions /										
I/We confirm that f <u>Country</u> Iran Syria Sudan	his rem	ittance is not i	n any way, direct	ly or indirectly, rela <u>Related</u> [] [] []	ated to the fo <u>Not Re</u> [[[lated (ountries*: Comments:				

South Sudan

Russia

 Other countries that may be sanctioned by the United Nations, the United States of America or the European Union

[] I/We accept the Bank's Terms and Conditions, published on Bank's website, under which funds are accepted for remittance by transfer.*

[]

[]

[]

Yours Faithfully,

Authorized Signature(s)

E D							* Mandatorv Fields		
For Bank Use									
FX Rate		Amount Equiv	alent of						
				(Currency)	1	(Amou	nt)		
Value Date		Charges	Commission						
	(dd/mm/yyyy)	Charges	Expenses						
				(Currency)			(Amount)		
		Signature Ver	Signature Verify			Authority			

[]

[]

[]