Bank of Sharjah						
Branch:*						(dd/mm/yyyy)
By the debit of my/our	A/C No. *					
By the debit of my/our	A/C Name *					
Please transfer an amou	int of *					
		(Currency)	(Amount)	(Amount in Word	s)	
[] One-Time	Execution Da	ate				

[] Recurring	[]Daily []	Weekly [] Fortnightly	[] Monthly	[]]	Every 2 months	[]Qua	rterly [] Half-yearly	[] Yearly
	Starting Date			Ending Da	ite			OR [] until further n	otice
	The bank reserves the right to charge for any unsuccessful attempt due to insufficient funds.									

ORDERING CUSTOMER TO APPEAR AS PER DETAILS AVAILABLE WITH THE BANK UNDER MY/OUR ACCOUNT MENTIONED ABOVE

57	Beneficiary's Bank	Name *				
		Address *				
		Country *		Code / Chips ID / Austr Fed Wire / USA ABA / I		
59	Beneficiary	Account No.* / IBAN				
		Name *				
		Address *				
		Address				
		Country *				
70*	Purpose of Payment					
10	(Remittance Information)					
71*	[] All local and over by beneficiary (B	rseas charges born EN)	e OR [] All local and overse borne by remitter (0	-	[] Local charges borne by remitter & overse charges borne by beneficiary (SHA)	as
CTD-05	Transaction Code *					
Special Instruc	tions /					
Intermediary (If any)						

I/We confirm that this remittance is not in any way, directly or indirectly, related to the following countries*:

				•
Country		Related	Not Related	Comments:
• Iran		[]	[]	
• Syria		[]	[]	
North Korea		[]	[]	
South Sudan		[]	[]	
Russia		[]	[]	
• Myanmar		[]	[]	
 Other countries that may be sanctioned by Nations, the United States of America or th upon receipt of updates 	the United ne 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) * Mandatory Fields								
For Bank Use								
FX Rate		Amount Equi	valent of					
		-		(Currency)		(Amou	nt)	
Value Date		Charges	Commission					
(dd/mm/yyyy)		Charges	Expenses					
				(Currency)		(Amou	nt)	
		Signature Ver	Signature Verify		A			