

Bank of Sharjah

Date: *

(dd/mm/yyyy)

Branch:*

By the debit of my/our

A/C No. *

A/C Name *

Please transfer an amount of *

(Currency)

(Amount)

(Amount in Words)

☐ One-Time

Execution Date

☐ Recurring

☐ Daily

☐ Weekly

☐ Fortnightly

☐ Monthly

☐ Every 2 months

☐ Quarterly

☐ Half-yearly

☐ Yearly

Starting Date

Ending Date

OR ☐ until further notice

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 *

Swift Code / Chips ID / Australia BSB Code /
USA Fed Wire / USA ABA / UK Sort Code

59

Beneficiary

Account No. * / IBAN

Name *

Address *

Country *

70*

Purpose of Payment
(Remittance Information)

71*

☐ All local and overseas charges borne
by beneficiary (BEN)

OR ☐ All local and overseas charges
borne by remitter (OUR)

OR ☐ Local charges borne by remitter & overseas
charges borne by beneficiary (SHA)

CTD-05

Transaction Code *

Special Instructions /
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	[]	[]	
• Sudan	[]	[]	
• 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)

For Bank Use

* Mandatory Fields

FX Rate

Value Date

(dd/mm/yyyy)

Amount Equivalent of

(Currency)

(Amount)

Charges

Commission

Expenses

(Currency)

(Amount)

Signature Verify

Authority