Bank of Sha	arjah								Date: *		
Branch:*										(dd/mm/vvvv)	
By the debit of my/our A/C No. * A/C Name *		A/C No. *									
Please transfer an amount of *				(1				(4	(-)		
[] One-Time		Execution Da	(Currency) (Amount)		(Amount in Words)						
[] Recurring		[] Daily	[] Weekly [] Fortnightly	[] Monthl	y []Ev	very 2 months	[]Quarte	erly []Ha	If-yearly [] Year	rly
		Starting Date	•		Ending	Date			OR [] un	til further notice	
		The bank rese	erves the right to	charge for any un	successful	l attempt di	ue to insufficier	nt funds.			
ORDERING CUST	OMER	TO APPEAR	AS PER DETAIL	S AVAILABLE W			DER MY/OUR	ACCOUNT	MENTIONED	ABOVE	
57	Beneficiary's Bank		Name *								
			Address *								
			Country *				/ Chips ID / Aust /ire / USA ABA /		e /		
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)								as		
CTD-05	Transa	action Code *									
Special Instruct Intermediary (If any)	tions /										
I/We confirm that t <u>Country</u> Iran Syria Sudan	his rem	ittance is not i	n any way, directl	y or indirectly, rela <u>Related</u> [] [] []	Not	•	countries*: Comments:				

South SudanRussia

 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							* Mandatorv Fields
FX Rate		Amount Equiv	Amount Equivalent of			(Amou	nf)
Value Date		Channes	Commission	(Currency)		() inou	
	(dd/mm/yyyy)	Charges	Expenses	(Currency)		(Amou	nfl
		Signature Ver	Signature Verify		Autho		

[]

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