Bank of Sha	Date: *								
Branch:*								(dd/mm/yyyy)	
By the debit of my/our A/C No. * A/C Name *		C No.*							
Please transfer an amount of *		of *	(Currency)	(Amount)		(Amount in Mondo			
Execution Date			(Currency)	(Amount)]	(Amount in Words)		
ORDERING CUST	OMER TO	APPEAR A		ld/mm/vvvv) AILS AVAILABLE W	ITH THE BANK UN	IDER MY/OUR ACCOUNT ME	NTIONED	ABOVE	
57	Beneficiary's Bank		Name *						
			Address *						
			Country *			e / Chips ID / Australia BSB Code / Wire / USA ABA / UK Sort Code	′		
59	Beneficiary		Account No.* / IBAN	N					
			Name *						
			Address *						
			Country *						
70 *	Purpose (of Payment Information)							
71*		Il local and overseas charges borne OR [] All local and overseas charges OR [] Local charges borne by remitter & overseas y beneficiary (BEN) borne by remitter (OUR) charges borne by beneficiary (SHA)							
CTD-05	Transacti	on Code *							
Special Instructi	ions / Int	ermediary	′						
I/We confirm that the Country Iran Syria Sudan South Sudan Russia Other countries the United State	that may bes of Americ	e sanctioned l ca or the Euro	by the United N pean Union		Not Related [] [] [] [] [] []	countries*: Comments: unds are accepted for remittan	ce by trans	sfer.*	
Yours Faithful	ly,								

Authorized Signature(s)

For Bank Use							* Mandatory Fields	
FX Rate		Amount Equiv	Amount Equivalent of					
						(Amou	nt)	
Value Date		Chargos	Commission					
	(dd/mm/yyyy)	Charges	Expenses					
			-	(Currency)		(Amou	(Amount)	
		Signature Verify				Authority		