BANK OF CEYLON
Bankers to the Nation

SMART REMIT FUND TRANSFER

Application Form

The Manager
Bank of Ceylon, Seychelles Branch

Date: ……./……./……..

SENDER DETAILS											
Full Name:											
Address:											
NIN/PP No:											
Phone No.:											
Email:											
Nationality:											
Senders Account No: SCR/USD/EUR	8	0	7	0	0						
	Currency			Amount							
Amount to be sent:											
Amount in words……											

BENEFICIARY DETAILS																				
Full Name:																				
Address:																				
NIN/PP No:																				
Phone No.:																				
Account No.:																	Currency			
Bank:																				
Branch:																				

PURPOSE OF REMITTANCE (MANDATORY) **All the supporting documents to be signed and stamped by the authorized signatories**

Source of funds:

PRIVACY ACKNOWLEDGEMENT

Where Bank of Ceylon ('the Bank') collects any personal information in connection with your application, it does so in order to carry out your instructions and to comply with applicable laws. The Bank may disclose that information to the beneficiary's bank, a correspondent or any relevant government authorities.

AGREEMENT AND AUTHORISATION

By signing this Smart Remit Fund Transfer Application, you acknowledge and agree that you:

a) Have read and understood the Bank Smart Remit Fund Transfer Terms and Conditions and agree to be bound by them;
b) Declare that all information you have provided to the Bank on this Application Form is true and correct;
c) Smart Remit Fund Transfer is to be dispatched entirely at the remitter's own risk.
d) Authorise the Bank to debit your account nominated in the 'Senders Account number' section in this document, with the total payment, commission (if any), other fees, costs and duties which are imposed by the Bank in connection with this Smart Remit Fund Transfer Application;
e) Confirm that the amount to be transmitted is as stated below.
Currency…… Amount in words……
f) Authorise the Bank to disclose your information to its related companies (including subsidiaries) and third parties engaged by the Bank or its related companies, in order to carry out your instructions.
g) Applications for the same day value are subject to cut-off time related to the geographical location of the destination.
h) Applications received after 14:30 hours will not be processed on the same day

SIGNATURE OF APPLICANT

Signature

Name of the Signatory ……

Date: ……/……/…….

FOR BANK USE

Check List

1. Availability of email indemnity (email request) Yes/No
2. Account details of the application tallies with core banking system Yes/No
3. Signatures & Seal of the application are tallied with the mandate Yes/No
4. Supporting documents have been duly authenticated Yes/No
5. Details of the application are tallied with the supporting documents Yes/No

Date Received: .....
Time Received: ..... AM/PM

Smart Remit reference No :

8	**0**	**1**	**0**	**0**	**0**						

Verified by: ……

Signature of the Officer: .....