BANK OF CEYLON
Bankers to the Nation

SWIFT FUND TRANSFER Application Form

The Manager
Bank of Ceylon, Seychelles Branch

Date D D M M Y Y Y Y

I am making this SWIFT Fund Transfer on behalf of : ☐ Myself : Complete Section A ☐ Someone else: Complete Sections A & B

SECTION A APPLICANT'S DETAILS		SECTION B DETAILS OF PERSON LODGING THIS APPLICATION	
Name:		Name	
Address:		Position / Title	
Registration No:		Passport / NIC No	
Contact No:		Phone No	
WP / PP No:		Mobile No	
Email:			

SWIFT FUND TRANSFER DETAILS

Currency Type		Amount in Figures	
Amount in Words			
Name of the Beneficiary (*In Block Letters*)			
Address of the Beneficiary			

BANK DETAILS

Name of the Bank	
Address of the Bank/Branch	
Beneficiary's Account No	
SWIFT Code Beneficiary's Bank	
Correspondent Bank	
SWIFT Code Correspondent Bank	

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

PAYMENT FROM ACCOUNT

Account Number **USD** Signature:

Account Number **SCR** Signature:

Company Stamp

FOR BANK USE

Remittance Amount: .....
SWIFT Charges: .....
Commission: .....
Foreign Bank Charges: .....
TAX: .....
Total .....

Nostro: .....
TT Number: .....
E/P Date: .....

Transaction authorized by:

Signature (A): .....

Signature (B): .....

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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 SWIFT Fund Transfer Application you acknowledge and agree that you:

a) Have read and understood the Bank SWIFT 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) SWIFT Fund Transfer is to be dispatched entirely at the remitter's own risk.
d) Authorise the Bank to debit your account nominated in the 'Payment from account' 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 SWIFT Fund Transfer Application;
e) Confirm that the amount to be transmitted is as stated below.
Currency……Amount……
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 13:00 hours will not be processed on the same day

This application must be signed in accordance with the mandate instructions on this account.

SIGNATURE OF APPLICANT

Full Name of the applicant ……

Name of the Signatory ……

Date:……

Signature

Name of the Signatory……

Date:……

Signature

FOR BANK USE

Check List

1.	Availability of authorised representative letter	Yes/No	Date Received :.....
2.	Account details of the application tallies with core banking system	Yes/No	Time Received : .....AM/PM
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	

Verified by: ……

Signature of the Officer: .....