Bank of Ceylon Seychelles
Oliaji Building
Francis Rachel Street, Victoria, Mahé, Seychelles
Tel: 4611880 / 4611889 **Email:** agmseychelles@boc.lk / dmseychelles@boc.lk

SEFT

Seychelles Electronic Funds Transfer Service
FUNDS TRANSFER APPLICATION FORM

Sender Branch Name: Victoria **Date(DD/MM/YYYY):**

I / We request a fund transfer as follows

Value Date (DD/MM/YYYY): **Currency: SCR** **Amount:**

Amount in words:
Seychelles Rupees:----------

Receiver Details:

Bank Name:	
A/C Name:	
A/C Number	
Mobile Number:	
E-Mail Address:	

Narration (Beneficiary information):

Purpose of Transfer (AML Requirement):

Sender Details:

A/C Name:	
A/C Number:	
Mobile Number:	
E-Mail Address:	

By signing this form, I / We confirm that above information provided are correct and that I / We have read and agree to the terms and conditions overleaf.

Customer Signature: ---------- **Date:** ----------

Approve / Declined
Recommended (B Class): ---------- **Date:** ----------

Authorised Officer Signature (A Class): ---------- **Date:** ----------