

International Payment Request Form

Please complete this form in BLOCK CAPITALS. All fields containing asterisk (*) MUST be completed otherwise we will not be able to action your request.

ACCOUNT HOLDER DETAILS *

Customer Name*

DEBIT ACCOUNT DETAILS *

Account Number* Currency of Account to Debit*

TRANSACTION DETAILS *

Value Date* Currency of Transaction*

Payment Amount (In Figures)*

Payment Amount (In Words)*

TRANSACTION CHARGES *

Account Number to charge, if different Charges (select one)* Remitter Beneficiary Shared Charges

Under the new PSD2 (Payment Services Directive) regulations, each party must pay their own charges. BEN or OUR charges are no longer permitted for INTRA EEA payments. For all EUR payments that have 'SHARED' as the Commission Indicator the bank will process with Field 71: SHA.

BENEFICIARY DETAILS *

Beneficiary Name* Beneficiary Address*

BENEFICIARY BANK DETAILS *

Name of Bank*

Beneficiary Account Number* Bank BIC Code (Swift Code) / Fedwire Number

Message to Beneficiary Payment Reason*

CORRESPONDENT DETAILS (NON MANDATORY)

Name of Bank*

Beneficiary Account Number* Bank BIC Code (Swift Code) / Fedwire Number

CUSTOMER SIGNATURE *

Print Name Print Name

Signature Signature

Date Date

Internal Use:

BANK USE ONLY

TIME AND DATE OF RECEIPT	PAYMENT CONFIRMED BY	CUSTOMER IDENTIFICATION	CALLBACK BY	INTERNAL AUTHORISATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE VERIFIED

FURTHER NOTES

DATE OF CHECK