

CLIENT APPLICATION FOR FUNDS TRANSFER																	DATE (dd/mm/yyyy):								
TO (BANK)																									
	Accou	count Name:										Test Key Code:													
FROM (Applicant)	Accou	ınt No.:		, ,																					
		tact person:																							
	Tel No										FAX No.:														
Please make the following transfer and debit my/our account mentioned above																									
CURRENC	AMOUI										UNT	NI:													
AMOUNT IN WORDS:																									
BENEFICIARY		Name:																							
		Address:																							
		KPP/INN (If applicable):																							
		Account No./ IBAN																							
DENETICIA	DVIC	Name:																							
BENEFICIA BANK	KT3	Address:																							
		I I							rt Code/Fedwire/Routing (If applicable):																
PAYMENT DETAILS							HARGES																		
		(please s		(Please specify)				ADDITIONAL PAYMEN						T DETAILS											
		SAME	Ļ			RED:	<u> </u>																		
		NEXT	IEXT OUR:																						
		SPOT BENEF.:																							
		Name:																							
INTERMED	IARY	A/C with beneficiary bank (If applicable):																							
BANK		Address:																							
		SWIFT CODE:																							
ADDITIONAL INFORMATION										END TO END INFO. (SEPA Payments Only)															

Regards,

Authorised Signatories (In case of company)