



STANDING ORDER REQUEST FORM FOREIGN CURRENCY

Date of request		Ref.	
Account Holder Details			
Name:			
Account Number			
Telephone Number			
Purpose of transfer / debit order			

Beneficiary Account Details							
Beneficiary Bank:							
Swift Code / ABA / Routing No / Sort Code							
Intermediary Bank							
Full Address of Intermediary Bank							
Beneficiary Account Name							
Beneficiary Account Number							
Currency	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EURO	Other		Amount in figures	
Amount in words							
Start date to debit account							
Frequency:	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly			
End date							
I/we hereby confirm that the debit order instructions specified above are correct and have reviewed by myself / ourselves as true.							
Date				Signature			

NOTE: 1. Having insufficient funds at time scheduled for the order will draw a penalty.
2. Having insufficient funds at time scheduled for the debit for three (3) consecutive times will result in the automatic cancellation of the standing order

BANK USE ONLY			
Exchange Rate		Bank's Commission	
Treasury Date		Treasury Signature	