

PAYMENT ORDER REQUEST FORM

(PLEASE COMPLETE IN BLOCK LETTERS & WHERE REQUIRED, PLACE A CHECK MARK (☐) IN THE BOXES TO INDICATE YOUR SELECTIONS)

RECEIVED AT: BRANCH	<input type="checkbox"/> B'FORD <input type="checkbox"/> G'TOWN <input type="checkbox"/> CAN <input type="checkbox"/> BEQ <input type="checkbox"/> UNION <input type="checkbox"/> BALLIE <input type="checkbox"/> REIGATE	DATE
TRANSACTION REQUESTED	<input type="checkbox"/> WIRE TRANSFER <input type="checkbox"/> DRAFT <input type="checkbox"/> INTER-BANK SETTLEMENT <input type="checkbox"/> MANAGER'S CHEQUE	
50. ORDERING CUSTOMER'S INFORMATION	BOSVG customers: Use line 1 if both ordering amount & fees are to be debited from the same account. Use line 1 if ordering amount is to be debited from one account & use line 2 if fees are to be debited from a separate account.	
CUSTOMER'S ACCOUNT #:	_____	
CUSTOMER'S NAME:	_____	
CUSTOMER'S STREET ADDRESS:	_____	
CUSTOMER'S CITY/TOWN/VILLAGE:	_____	
CUSTOMER'S COUNTRY:	_____	
CUSTOMER'S CONTACT #	_____	_____
	HOME	MOBILE

PAYMENT INFORMATION	ORDERING AMOUNT (<i>figures</i>)	ORDERING CURRENCY
	(<i>words</i>)	

METHOD OF PAYMENT	<input type="checkbox"/> CHEQUE <input type="checkbox"/> DEBIT MY ACCOUNT <input type="checkbox"/> CASH
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CHARGES TRANSACTION	<input type="checkbox"/> BEN (All transaction costs are borne by the beneficiary) <input type="checkbox"/> SHA (The transaction costs are shared)
	<input type="checkbox"/> OUR (All transaction costs are borne by the ordering customer)

57. BENEFICIARY BANK INFORMATION	Please complete only if a wire transfer or interbank settlement is requested. BIC/ ABA/ IBAN/ Transit Number is required only for wire transfers .
BIC/ ABA / IBAN/ TRANSIT NUMBER	_____
BANK'S NAME:	_____
BANK'S STREET ADDRESS:	_____
BANK'S CITY:	_____
BANK'S COUNTRY:	_____

59. BENEFICIARY CUSTOMER INFORMATION	This section is compulsory for all requests. Customer's Account # is required for wire transfers & interbank settlements .
CUSTOMER'S ACCOUNT #:	_____
CUSTOMER'S NAME:	_____
CUSTOMER'S STREET ADDRESS:	_____
CUSTOMER'S CITY/TOWN/VILLAGE:	_____
CUSTOMER'S COUNTRY:	_____

70. REMITTANCE INFORMATION/PURPOSE
This section is compulsory for all requests. Please ensure that the information/purpose provided here is explicit but concise.

56. INTERMEDIARY BANK INFORMATION	Please complete only if applicable to your wire transfer .
BIC/ ABA / IBAN/ TRANSIT NUMBER	_____
BANK'S NAME:	_____
BANK'S CITY:	_____

Kindly debit the above-mentioned account number(s) for any amount(s) transferred, plus charges. It is understood that where a message will be sent by cipher or otherwise, it is at my/our risk in every respect and that neither Bank of Saint Vincent and the Grenadines Limited nor your correspondents will be liable for the consequences of any delay, mistake or omission in transmission or payment or any interception of the said message.

PASSPORT NATIONAL ID DRIVER'S LICENCE

 CUSTOMER (1) SIGNATURE CUSTOMER (2) SIGNATURE CUSTOMER ID TYPE & NUMBER

FOR INTERNAL BANK USE ONLY:

 VERIFICATION OF CUSTOMER SIGNATURE SWIFT ENTERED BY – SIGNATURE SWIFT VERIFIED BY – SIGNATURE

TRANSACTION #: _____

TRANSACTION AUTHORIZED BY _____