

STANDING 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"/> H'FAX <input type="checkbox"/> CAN <input type="checkbox"/> BEQ <input type="checkbox"/> UNION <input type="checkbox"/> B'LLIE	DATE (DD/MMM/YY)	
50. ORDERING CUSTOMER'S INFORMATION This section is compulsory for all requests.			
CUSTOMER'S ACCOUNT #:	_____		
CUSTOMER'S NAME:	_____		
CUSTOMER'S STREET ADDRESS:	_____		
CUSTOMER'S CITY/TOWN/VILLAGE:	_____		
CUSTOMER'S COUNTRY:	_____		
CUSTOMER'S CONTACT #	_____	_____	_____
	HOME	WORK	MOBILE
PAYMENT INFORMATION	ORDERING AMOUNT (<i>figures</i>)	ORDERING CURRENCY	

PAYMENT START DATE(DD/MMM/YYYY)	_____	PAYMENT END DATE(DD/MMM/YYYY)	_____
FREQUENCY OF PAYMENT	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> BI-ANNUALLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> ONE-TIME		
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 standing order for a wire transfer is requested.			
SWIFT CODE/ABA/SORT CODE:	_____		
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 mandatory only for wire transfers & for payments to other financial institutions .			
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 .			
SWIFT CODE/ABA /SORT CODE:	_____		
BANK'S NAME:	_____		
BANK'S CITY:	_____		

Please pay from the aforementioned account, the amount mentioned above plus your charges at the frequency indicated above with effect from the **payment start date** and subsequent dates thereafter until the **payment and end date**¹. Additionally, 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.

_____ CUSTOMER (1) SIGNATURE	_____ CUSTOMER (2) SIGNATURE	_____ CUSTOMER (3) SIGNATURE
FOR INTERNAL BANK USE ONLY: <input type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL		
_____ RECEIVED BY – SIGNATURE	_____ ENTERED BY – SIGNATURE	_____ VERIFIED BY – SIGNATURE
_____ TRANSACTION #		

¹ **IMPORTANT:** Insufficient funds on the date when the payment becomes due negates this agreement in respect of the payment so due and attaches no liability to the Bank in its failure to make the payment. The Bank does not undertake to advise the customer of non-payment on the due date with respect to the lack of funds. If funds are not available for the Standing Order within 90 days, this Standing Order will be cancelled without notice.