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|  **PAYMENT REQUEST FORM** DATE: October 3, 2012 |
| RECEIVED AT BRANCH: |  |  |  |  |  |
| TRANSACTION REQUESTED |  |  |  |  |
| ORDERING CUSTOMER’S INFORMATION | Bank of Saint Lucia 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 and use line 2 if fees are to be debited from a separate account. |
| CUSTOMER’S ACCOUNT #:  | Click here to enter text. | Click here to enter text. |
| CUSTOMER’S NAME: | Click here to enter text. |
| CUSTOMER’S STREET ADDRESSS: | Click here to enter text. |
| CUSTOMER’S CITY/TOWN/VILLAGE: | Click here to enter text. |
| CUSTOMER’S COUNTRY: | Click here to enter text. |
| CUSTOMER’S CONTACT #: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| PAYMENT INFORMATION | ORDERING AMOUNT *(figures)* $Click here to enter text. | ORDERING CURRENCY Choose an item. |
| Click here to enter text. |
| METHOD OF PAYMENT |  |  |  |
| CHARGES TRANSACTION |  |  |
|  |
| 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 | Click here to enter text. |
| BANK’S NAME: | Click here to enter text. |
| BANK’S STREET ADDRESS: | Click here to enter text. |
| BANK’S CITY: | Click here to enter text. |
| BANK’S COUNTRY: | Click here to enter text. |
| BENEFICIARY CUSTOMER INFORMATION | This section is compulsory for all requests. Customer’s Account # is required for wire transfers &interbank settlements. |
| BENEFICIARY’S ACCOUNT #: | Click here to enter text. |
| BENEFICIARY’S NAME: | Click here to enter text. |
| BENEFICIARY’S STREET ADDRESS: | Click here to enter text. |
| BENEFICIARY’S CITY/TOWN/VILLAGE: | Click here to enter text. |
| BENEFICIARY’S COUNTRY: | Click here to enter text. |
| REMITTANCE INFORMATION/PURPOSE |  |
| This section is compulsory for all requests. Please ensure that the information/purpose provided here is explicit but concise. | Click here to enter text. |
| INTERMEDIARY BANK INFORMATION | Please complete only if applicable to your wire transfer. |
| BIC/ABA/IBAN/TRANSIT NUMBER | Click here to enter text. |
| INTERMEDIARY BANK’S NAME: | Click here to enter text. |
| INTERMEDIARY BANK’S CITY: | Click here to enter text. |
| 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 Lucia 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 |  |
| CUSTOMER ID TYPE & NUMBER | [ ]  PP# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  DL # \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ENTERED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | VERIFIED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | TRANSACTION #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |