

Payment Order Form

Day	Month	Year

Payment Number: (For Bank use only.) _____

Requested Transaction :
 Int'l.Wire

 In'l.Draft

 Local Draft

 Electronic Funds Transfer

50. Ordering Customer Information

Account #: _____

Name: _____

Physical Address: _____

City: _____ Country: _____

Payment Information:

Ordering amount & currency: _____

Charges transaction:

 SHA

(costs for the transactions are shared)

 BEN

(all cost for the transaction will be paid by beneficiary)

 OUR

(all costs for the transaction will be paid by ordering customer)

57. Beneficiary Bank Information

SWIFT Code / ABA / Routing: _____

Name: _____

Address: _____

City: _____ Country: _____

59. Beneficiary Customer Information:

Account # / IBAN #: _____

Account Type:

 SAV

 DDA

Name: _____

Physical Address: _____

City: _____ Country: _____

70. Remittance Information:

56. Intermediary Bank Information

SWIFT Code / ABA / Routing: _____

Name: _____

City: _____

Kindly debit above mentioned account number for amount transferred, plus charges. It is understood that the message will be sent in cipher or otherwise at my/our risk in every respect and that neither **National Bank of Dominica** nor **their** 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

Date

Input By

Checked By