

Wire Transfer Request

eForm WTR12-2018

Branch:	Date (dd/mm/yyyy):			
	ACCOUNT HO	LDER'S INFORMATION		
Account Holder's Name:				
Account Hold	Account Holder's Address:			
Account Num	nber:			
TRANSACTION DETAILS				
Currency:	Amount:			
Amount in W	ords:			
BENEFICIARY INFORMATION				
Beneficiary Name:				
Beneficiary Address:				
Beneficiary Account Number:				
Purpose of Wire:				
Additional Information:				
BENEFICIARY BANK INFORMATION				
Beneficiary Bank name:				
Beneficiary Bank Address:				
Fed Wire/SWIFT/IBAN:				
INTERMEDIARY BANK INFORMATION				
Intermediary Bank Name:				
Intermediary Bank Address:				
Fed Wire/SWIFT/IBAN:				
PAYMENT INSTRUCTIONS				
PLEASE DEBIT MY/OUR ACCOUNT NUMBER WITH TOTAL COST FOR SENDING THIS WIRE.				
Conditions for A wired is differen transaction is produced by the exchange rate of the conditions of t	orm, you authorise Sagicor Bank Jamaica Limited (accounts as applicable to the said transaction. You at from the currency of the funds being wired, the rocessed may (but shall not be obliged) to convert them in accordance with their usual practice for or other losses resulting from such conversion. Yo e payable by you to the intermediary bank through	also agree that if the currency of the beneficen unless otherwise agreed in writing, SBJ or eart the wired funds to the currency of the burrency conversions. Neither SBJ nor any u also acknowledge that in addition to trans	ciary account to which the funds are to be any intermediary bank through which this beneficiary account at a rate of exchange intermediary bank shall be liable for any	
Account Hold	Account Holder's Signature: Date (dd/mm/yyyy):			
Account Holder's Signature: Date (dd/mm/yyyy):				
For Official	Reference #:	FX Rate:	Amount Debited:	
Use Only	Entered By:	Authorised By:	Date (dd/mm/yyyy):	