

REQUEST FOR SWIFT TRANSFER

Form #3215(05/14)

Account No.: To: Republic Bank (Grenada) Limited FOREX
 Ref. Number Tran Date: Branch:
 CCY Foreign Amt. Amount in words

Ordering Customer (50)
 Name:
 Address:

Ordering Bank/Institution (52)
 Republic Bank (Grenada) Limited
 P.O.Box 857
 Republic House, Grand Anse
 St. George, Grenada

Intermediary Bank (56)
 Name:
 Address:

Account With Bank/Institution (57)
 Account NO.:
 Address:

Beneficiary Customer Name & Address (59)
 Account No.:
 Name:
 Address:

Remittance Information (70)

Details of Charge/Acc. Inf.: (71)

Sender to Receiver (72)

It is understood that the message will be sent in cypher or otherwise at my/our risk in every respect and that neither you nor your correspondents will be liable for the consequences of any delay in transmission or payment caused by circumstances beyond your or their control or any interception of the message.

METHOD OF PAYMENT: Debit Cheque Cash
 Local Bank Charge from my/our account Both Local & Foreign Charge from my/our account

I/We confirm

- i) The Above information was verified by Me\us and is in order.
- ii) Should the information provided above be incorrect and the funds are returned by the Foreign Bank, I/We would be liable for any charges incurred as a result.

Customer Name
 Address:

Foreign Currency Amount	0.00
Foreign Bank Charge 716504 EC/FC	\$0.00
Total	0.00
Rate @	2.7169
Cost (EC\$)	\$0.00
SWIFT Charge - DDA 9004	
Bank Commission 645505	
Total Cost (EC\$)	\$0.00

Signature: _____
 (Signature must adhere to Mandate Requirements)

Prepared By _____ Authorised by _____ Forex Stamp _____

Branch: Republic House Account No.: 0

Beneficiary Customer Name & Address

Details Date: 19-Oct-15

Foreign Currency Amount	0.00
Foreign Bank Charge	0.00
Total	0.00
Rate @	2.7169
Cost (EC\$)	\$0.00
SWIFT Charge - DDA	\$0.00
Bank Commission	\$0.00
Total Cost (EC\$)	\$0.00

Beneficiary Bank

Ordering Customer

Intermediary Bank