

MT-103 **APPLICATION FOR INTERNATIONAL SWIFT TRANSFER**

(for Office use)



A/C No.	
Total Amt.	

DATE	/	/20
20	TT NO	

PLEASE MAKE THE FOLLOWING REMITTANCE:

32A		CURRENCY	AMOUNT IN FIGURES ^(33B)
	AMOUNT IN WORDS		
50K	APPLICANT'S NAME&ADDRESS (ID/PP No. in case of Individual)		(ID/PP. No. _____) (D.O.B. _____)
	BENEFICIARY'S A/C NO. / IBAN NAME&ADDRESS, COUNTRY (PP No. & DOB in case of Individual)		(PP No. _____) (Issue Country : _____) (D.O.B. _____)
57A	BENEFICIARY'S BANK & BRANCH, ADDRESS, COUNTRY SWIFT/BSB/IFSC CODE		
56	INTERMEDIARY BANK SWIFT/BSB/IFSC CODE		
70	PURPOSE OF REMITTANCE		
71A	FOREIGN BANK'S CHARGES TO BE BORNE BY (tick)	<input type="checkbox"/> [OUR] APPLICANT	<input type="checkbox"/> [BEN] BENEFICIARY

It is understood that the Swift Transfer is being effected by me/us at my/our risk and cost and the bank or its agent will not be held liable for delay, omission, commission or mistake arising in transmission or misinterpretation of message at destination. I/ we confirm that the above transaction is for genuine purpose and neither the applicant/remitter does not relate to any banned entity as per US OFAC guidelines for USD remittance. In case the US Treasury authority block/not release the fund, I/we will not hold State Bank of India responsible for any loss that may be caused to us.

PHONE NO: _____ DEBIT A/C No. _____

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AUTHORISED SIGNATORIES (with company seal)

CREDIT TO NOSTRO MIRROR ACCOUNT		#	TRANSMIT MESSAGE TO (RECEIVER)		
FOREIGN CUR & AMT		56	BNF's BANK TO BE PAID THROUGH (Intermediary Bank)		
CURRENCY RATE		(for cash receipts)		ORM Process	
AMOUNT in USD		Amt. received in cash _____		Entered by	
COMMISSION (USD)		DC No. : _____		Approved by	
P&T CHARGES (USD)		Teller's Sign : _____			
TOTAL (in USD)		CO's Sign : _____			
TOTAL (in MVR)					

DEBIT AUTHORITY (CA / OD / SB)

1	2														
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Name of A/c: _____

A/c Nos.

1	2														
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I/We further authorise the Bank to debit my/our/company's abovementioned account with the amount of remittance in equivalent USD/MVR with applicable bank charges/commission.

Total Amount Debited: _____ **TT No.** _____
(for office use)

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AUTHORISED SIGNATORIES (with company seal) Date : _____

State Bank of India, Republic of Maldives (Tel : 332 0860, 333 8694)

Date : ____/____/____

Received application from	Amount :	DC No. _____ (for cash receipt)
For Swift Remittance to (Beneficiary Bank)	Commission : P&T Charges :	Teller's Sign : (for cash receipt only)
In favour of (Beneficiary)	Total :	Swift Appl. received by