



# APPLICATION FOR ONLINE INR REMITTANCE TO INDIA

USD A/C

## STATE BANK OF INDIA, MALDIVES

| REMITTER'S DETAILS  |                   |                |          |                      |                |   |                           |                  |           |               |                          | Date        |
|---|-------------------|----------------|----------|----------------------|----------------|---|---------------------------|------------------|-----------|---------------|--------------------------|-------------|
| 50  | A/C HOLDER'S NAME |                |          |                      |                |   |                           |                  |           |               |                          | NATIONALITY |
|   | A/C NO.           |                | 1        | 2                    |                |   |                           |                  |           |               |                          | PROFESSION  |
|   | MOBILE NO.        |                | P.P. No. |                      |                | WP / NID No.  |                           |                  | Exp. Date |               |                          |             |
| BENEFICIARY'S DETAILS   |                   |                |          |                      |                |   |                           |                  |           |               |                          |             |
| 59  | RECEIVER'S NAME   |                |          |                      |                |   |                           |                  |           |               |                          |             |
|   | ACCOUNT NO.       |                |          |                      |                |   |                           |                  |           |               |                          |             |
| 57A   | BANK'S NAME       |                |          |                      |                |   |                           |                  |           | DISTRICT      |                          |             |
| 57A   | BRANCH NAME       |                |          |                      |                |   |                           |                  |           | STATE         |                          |             |
| RECEIVER BANK'S IFSC CODE   |                   |                |          |                      |                |   |                           |                  |           |               | ← IFSC code is mandatory |             |
| ↓ Please mention amount in USD only, otherwise it will not be processed ↓   |                   |                |          |                      |                |   |                           |                  |           |               |                          |             |
| AMOUNT (USD)  |                   | (in figures)   |          |                      | (USD in words) |   |                           |                  |           |               |                          |             |
| AMOUNT MENTIONED IS INCLUDING CHARGES   |                   |                |          | OR EXCLUDING CHARGES |                |   |                           |                  |           |               |                          |             |
| PURPOSE OF REMITTANCE (TICK WHICH IS APPLICABLE)  |                   |                |          |                      |                | Attach a copy of invoice in case of payment for imports |                           |                  |           |               |                          |             |
| FAMILY REMITTANCE   |                   | Medical        |          | Education            |                | Gifts   |                           | Services Payment |           | Other Purpose |                          |             |
| Imports   |                   | It ticked then |          | Item :               |                | Invoice No. :   |                           | Date :           |           |               |                          |             |
| It is understood that the online/swift transfer is being affected by me/us at our risk and that the Bank or its agent will not be held liable for any delay, omission, commission or mistake arising in transmission or misinterpretation of message at the destination. I/We certify that all details provided above are complete and correct. |                   |                |          |                      |                |   |                           |                  |           |               |                          |             |
| <b>SIGN HERE → (A/C HOLDER'S SIGNATURE)</b>   |                   |                |          |                      |                |   |                           |                  |           |               |                          |             |
| FOR OFFICE USE ONLY   |                   |                |          |                      |                |   |                           |                  |           |               |                          |             |
| AMOUNT RECEIVED   |                   | USD            |          | RATE OF CONVERSION   |                |   | INR AMOUNT TO BE REMITTED |                  |           |               |                          |             |
| USD TO BE REMITTED  |                   |                |          | @                    |                |   |                           |                  |           |               |                          |             |
| COMMISSION  |                   |                |          | DC NO.               |                |   |                           |                  |           |               |                          |             |
| P&T   |                   |                |          | TT REFERENCE NO.     |                |   |                           |                  |           |               |                          |             |
| OTHERS CHARGES  |                   |                |          | 1                    | 2              |   |                           |                  |           | T             | S                        |             |
| TOTAL AMT TO BE DEBITED   |                   |                |          |                      |                |   |                           |                  |           |               |                          |             |
| ENTERED BY  |                   |                |          | VERIFIED BY          |                |   |                           |                  |           |               |                          |             |
| <b>Please do not write between the brackets</b>   |                   |                |          |                      |                |   |                           |                  |           |               |                          |             |

### DEBIT VOUCHER : TO BE FILLED BY THE A/C HOLDER IN BLOCK LETTERS ONLY

|   |                      |   |        |                              |  |            |                        |  |             |  |  |      |  |
|---|----------------------|---|--------|------------------------------|--|------------|------------------------|--|-------------|--|--|------|--|
| Please debit my account no.   | 1                    | 2 |        |                              |  |            |                        |  |             |  |  | DATE |  |
| By USD (amount in figures)  |                      |   |        | (in words)                   |  |            |                        |  |             |  |  |      |  |
| including charges   | or excluding charges |   |        | <b>TOTAL USD AMT DEBITED</b> |  |            |                        |  |             |  |  |      |  |
| For online remittance to the account of (Name of Beneficiary)                       |                      |   |        |                              |  |            | <b>Debit Confirmed</b> |  |             |  |  |      |  |
| <b>Name of Account Holder :</b>   |                      |   |        |                              |  |            |                        |  |             |  |  |      |  |
| Please fill up all details in the form properly, otherwise it will not be processed |                      |   |        |                              |  |            |                        |  |             |  |  |      |  |
| <b>SIGN HERE → (A/C HOLDER'S SIGNATURE)</b>   |                      |   |        |                              |  |            |                        |  |             |  |  |      |  |
| TT No.  |                      |   | TT No. |                              |  | ENTERED BY |                        |  | VERIFIED BY |  |  |      |  |