Electronic Funds Transfer Application

Name of Applicant*:	Date*:////
Debit details*: Account Number:	
ACCOUNT NUMBER.	_
Credit Card Number:	_
Remittance amount will be treated as a cash advance and should not exceed the cash advance limit for the above mentioned credit card. Cash advance fee not applicable	
Treasury Approved FX Rate:	<u> </u>
Deal Code:	_
Transfer Details*	
Transfer: (Currency*) (Amount In Figures*)	_
OR Equivalent of	_
(Currency*) (Amount In Figures*)	
In (Transfer Currency*)	
(Amount in words):	
59 Beneficiary *	57 Beneficiary's Bank*
Name*:	Name*:
	Branch:
	_ City/State:
Account No./IBAN*:	Country*:
City/State*:	Bank Code*:
Country of residence/Incorporation*:	
56A Intermediary Bank (For routing payment to Beneficiary's Bank)	71 Charges*
Name:	☐ All Charges to My/Our Account (OUR)
Branch:	☐ All Charges to Beneficiary Account (BEN)
City/State:	☐ Charges to me/US & other bank Charges to Beneficiary
Country:	
Bank Code:	
70 Purpose of Payment*	
	_ AED Payments Within UAE:
	_ Individual:
	Business:
Please ensure application is correct and complete. Failure to do so may result in delays and/or rejection of	transfer of funds
All other information provided, such as the beneficiary name and other details v	Id in banks operating in UAE will be effected solely based on the beneficiary's IBAN. will not be used to complete the transfer. I/We hereby authorize the bank to debit as mentioned above. I/We agree and confirm to the Terms and Conditions governing erning my/our Personal / Business Account/Credit Cards
Applicant Signature	Bank use only
SV	

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