International Telegraphic Transfer Application Form



Date			
Branch name and No. :			
I am making this International Telegrap	ohic Transfer on behalf of: Myse	elf - Complete Section A	Someone else - Complete Sections A & B
SECTION A		SECTION B	
APPLICANT'S DETAILS		DETAILS OF PERSON LODGING THIS APPLICATION	
Name		Name	
Street Address		Position/Title	
		Phone	
Customer Number		Email	
Phone no. 1			
Phone no. 2			
INTERNATIONAL TELEGRAPHIC TRA	NICEED DETAIL C	PAYMENT METHOD	
International TT Currency		Cash Accoun	t Cheque
Exchange Rate (selling)			t 🗀 Crieque
Local CurrencyA		•	nt
Charges Currency A		ree/charges from accou	
Total payment Currency			
Beneficiary's name and street address	·		
Beneficiary's account number	and where available, the BSB or SWIFT BIC)		
Details (Applicant message to Benefici	ary) (Maximum 34 characters per line)		
BANK USE ONLY		BANK USE ONLY	
OET Code:	Pre-payment	Branch name and No.:	
Telegraphic Transfer no.			Sign:
Branch:		Verified by:	Sign:
Date Received		Date	TIme:
			nt complies with the Central Bank Exchange Control ant documents sighted and stamped.

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PRIVACY ACKNOWLEDGEMENT

Where Australia and New Zealand Banking Group Limited ('the Bank') collects any personal information in connection with your application, it does so in order to carry out your instructions and to comply with applicable laws. The Bank may disclose that information to the beneficiary's bank, a correspondent or any relevant government authorities. You may request access to your personal information at your nearest branch.

Signature

AGREEMENT AND AUTHORISATION By signing this International Telegraphic Transfer Application you acknowledge and agree that you: (a) Have read and understood the Bank International Telegraphic Transfer Terms and Conditions and agree to be bound by them; (b) Declare that all information you have provided to the Bank on this Application form is true and correct; (c) Authorise the Bank to debit your account nominated in the 'Payment from account' or 'Fee/Charges from account' sections in this document, with the total payment, commission (if any), other fees, costs and duties which are imposed by the Bank in connection with this International Telegraphic Transfer Application;(d) Confirm that the amount to be transmitted is as stated below. Amount ... (e) Authorise the Bank to disclose your information to its related companies (including subsidiaries) and third parties engaged by the Bank or its related companies, in order to carry out your instructions. In the event of any inconsistency between the English and other language content of this form, the English will apply. Please write all names with family name first. This application must be signed in accordance with the mandate instructions on this account. APPLICATION BY INDIVIDUAL Signature of Applicant Date Full Name of Applicant Signature of Applicant Date Full Name of Applicant APPLICATION ON BEHALF OF COMPANY, PARTNERSHIP OR OTHER LEGAL ENTITY Signed for and on behalf of (full name of Legal Entity): Signature Date

Full name (family name first)

Full name (family name first)

Date