## **Issue of Overseas Draft**



Please complete all sections of the form in full, as we are unable to process your application without this information.

By order of:						
Account Number						
Account Name (R						
		your beneficiary's account rling, we will not be able to				
Issue the draft for Amount & current						
Amount & current	cy in words					
Beneficiary Detai	ls					
Beneficiary Name						
Address Line 1						
Address Line 2						
City						
Country						
Postcode/Zip code						
Reason for Payment						
I/We ask you to issu	· · · · · · · · · · · · · · · · · · ·	nowever caused, which is no ith the sterling value plus yo th your bank mandate.		gence oi	the Bank's officers.	
Name		Signature		Date	D D M M Y Y	YY
Nama		Signature		Date	D D M M Y Y	YY
Name						
Name		Signature		Date	D D M M Y Y	YY
Bank use only - S	Sign and date		00055	NID NI		
Mandate signatories and balance checked				R ID No.	D D M M Y Y	YY
Draft request returned to customer-draft not issued				Date Date		YY
Draft & AML review complete (T/L)				Date		YY
Customer acct dbt'd and Itr issued with draft				Date	D D M M Y Y	YY
Sastamer ager after an in issued with draft				Date		<u>. I . I</u>