Send Form

CUSTOMER

SENDER

Name:.....

Nationality:.....

Address:.....

Identification Type:.....

Identification #:.....

Phone #:.....Date:.....

Purpose of Transfer:.....

BENEFICIARY

Name:.....

City & Country:.....

Amount (Figure):.....

Amount (In words):.....

.....

Customer's Signature

FOR OFFICE USE ONLY

TELLER

Branch:.....

Date:.....

Amount (Figure):.....

Amount (In words):.....

.....

.....

Teller's Signature