

# Application for Fund Transfer

(Bank Copy)

Subject to local regulations and Bank's Terms & Conditions governing various transactions & accounts as updated from time to time on Bank's website

Date:  dd / mm / yyyy

The Manager,  
United Bank Ltd.

Branch:

Emirate: , UAE

My / Our Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Title:

Remitter Address:

I/We would like to make a payment as selected and details provided below. In reimbursement you may debit my/our above account for the value of payment and any associated Bank charges.

Service:  FDD  Payment Order  Foreign Telegraphic Transfer  
 Central Bank Transfer  UBL Account to Account Transfer  Other

Special Instructions:  All other charges to be borne by the Beneficiary  
 Hold FDD / PO for my/our collection  Mail FDD / PO to Beneficiary at address given below

**Payment Details:**

Currency of Transfer	Amount of Transfer	Conversion Rate	LCY Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount of Transfer in words	<input type="text"/>		Total Charges
Commission amount	Courier charges	SWIFT charges	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purpose of Remittance		Total Amount to be Debited	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

Account Title:

Account / IBAN #:

Beneficiary address:

Beneficiary Contact: Mobile  Office  Residence

Beneficiary Bank name:  Swift Code:

Branch name & Address:

Correspondent Bank Name:  Swift Code:

**Payment Authorization**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Application Delivered By Name / Contact	Company Stamp	Customer Signature & Date <small>dd / mm / yyyy</small>

**For Bank Use Only**

Application Delivered to Bank: <input type="checkbox"/> In Person by Customer <input type="checkbox"/> Through Mail/Messenger <input type="checkbox"/> Through Fax				
Charges	Funds Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Value Date	Approval #	
App Received By Name & Signature	Sign Verified By Name & Signature	Input By Name & Signature	<input type="checkbox"/> Fax Indemnity in Place	<input type="checkbox"/> N/A
			<input type="checkbox"/> CBC Done as required	<input type="checkbox"/> N/A
			<input type="checkbox"/> Necessary Approvals in place	<input type="checkbox"/> N/A
			Supervised by: Name & Signature	

# Application for Fund Transfer

(Customer Copy)

Subject to local regulations and Bank's Terms & Conditions governing various transactions & accounts as updated from time to time on Bank's website

Date: \_\_\_\_\_  
dd / mm / yyyy

The Manager,  
United Bank Ltd.

Branch: \_\_\_\_\_

Emirate: \_\_\_\_\_, UAE

My / Our Account Number

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Title: \_\_\_\_\_

Remitter Address: \_\_\_\_\_

I/We would like to make a payment as selected and details provided below. In reimbursement you may debit my/our above account for the value of payment and any associated Bank charges.

Service:  FDD  Payment Order  Foreign Telegraphic Transfer  
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Currency of Transfer	Amount of Transfer	Conversion Rate	LCY Amount
Amount of Transfer in words			Total Charges
Commission amount	Courier charges	SWIFT charges	
Purpose of Remittance		Total Amount to be Debited	

Account Title: \_\_\_\_\_

Account / IBAN #: \_\_\_\_\_

Beneficiary address: \_\_\_\_\_

Beneficiary Contact: Mobile \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_

Beneficiary Bank name: \_\_\_\_\_ Swift Code: \_\_\_\_\_

Branch name & Address: \_\_\_\_\_

Correspondent Bank Name: \_\_\_\_\_ Swift Code: \_\_\_\_\_

**Payment Authorization**

		<small>dd / mm / yyyy</small>
Application Delivered By Name / Contact	Company Stamp	Customer Signature & Date

**For Bank Use Only**

Application Delivered to Bank: <input type="checkbox"/> In Person by Customer <input type="checkbox"/> Through Mail/Messenger <input type="checkbox"/> Through Fax				
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App Received By Name & Signature	Sign Verified By Name & Signature	Input By Name & Signature	<input type="checkbox"/> Fax Indemnity in Place <input type="checkbox"/> N/A	Supervised by: Name & Signature
			<input type="checkbox"/> CBC Done as required <input type="checkbox"/> N/A	
			<input type="checkbox"/> Necessary Approvals in place <input type="checkbox"/> N/A	