



# International Money Transfer (TT) Application Form

To Branch (Name):

Date:

**Please Advise and Credit Beneficiary's account    \*\*PLEASE COMPLETE IN UPPERCASE\*\***

|          |                             |  |
|----------|-----------------------------|--|
| Field 20 | Instruction Identification. |  |
|----------|-----------------------------|--|

**Creditor Details**

"(Bene Bank/Branch No., BSB,Fedwire, Routing/Sort Code)

(Beneficiarys Account Number, IBAN etc)

|          |                             |             |                     |                |
|----------|-----------------------------|-------------|---------------------|----------------|
| Field 59 | Creditor Account            |             |                     |                |
|          | Creditor Name               |             |                     |                |
|          | Creditor Address:           | Department: | Sub-Department:     | Street Name:   |
|          |                             | Building #: | Building Name:      | Floor:         |
|          |                             | Post Box:   | Room:               | Post Code:     |
|          |                             | Town Name:  | Town Location Name: | District Name: |
|          | Country Sub-Division:       | Country:    |                     |                |
| Field 57 | Creditor Agent (Swift BIC)  |             |                     |                |
|          | Creditor Agent Bank Name    |             |                     |                |
|          | Creditor Agent Bank Address |             |                     |                |
| Field 32 | Interbank Settlement        | Date:       | Currency:           | Amount:        |
| Filed 70 | Remittance Information      |             |                     |                |

(Charges in the Country of Payment (If any), are for the beneficiary's account.)

**Debtor's Details**

|          |                |                       |                     |                |
|----------|----------------|-----------------------|---------------------|----------------|
| Field 50 | Debtor Name    |                       |                     |                |
|          | Debtor Address | Department:           | Sub-Department:     | Street Name:   |
|          |                | Building #:           | Building Name:      | Floor:         |
|          |                | Post Box:             | Room:               | Post Code:     |
|          |                | Town Name:            | Town Location Name: | District Name: |
|          |                | Country Sub-Division: | Country:            |                |

**Debtor Settlement Details**

**Booking Number** (if applicable)

|                                                     |  |                                               |  |
|-----------------------------------------------------|--|-----------------------------------------------|--|
| Debtor Account                                      |  | BSP Treasury has provided the following rate; |  |
| Debtor Name                                         |  | BSP Dealer Name                               |  |
| Charge to Debtor Account<br>(if different to above) |  | Booking Number                                |  |
| Account Number                                      |  | Rate of Exchange                              |  |
|                                                     |  | PGK Equivalent                                |  |
|                                                     |  | PGK Bank Charge                               |  |
|                                                     |  | PGK Total                                     |  |

I/we authorise you to debit the above account number/s in settlement and declare that:

- all Foreign Exchange regulations applicable to this request have been complied with;
- true copies of all relevant documents including where necessary, the obtaining of a Tax Clearance Certificate, are held and will be provided on request; and
- we are aware that penalties may be imposed for any breach of the PNG Foreign Exchange requirements including penalties under the Central Banking (Foreign Exchange and Gold) Regulation 2000.

Debtor Signature/s

The Bank will not be liable for any consequences arising for any circumstances whatsoever beyond its control.

**(Bank Use Only)**

Initials

|                      |                      |
|----------------------|----------------------|
| Date & Time Received | <input type="text"/> |
|----------------------|----------------------|

Bank Stamp & Signature

# BANK USE ONLY

## Outward TT Checklist

Please complete the following checklist by ticking Yes or No.

|                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| Application is correctly completed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Available funds                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Signature is verified              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|                                          |                              |                             |
|------------------------------------------|------------------------------|-----------------------------|
| <b>BOP Forms BOP -</b> type ie R1, M etc |                              |                             |
| BOP Form type                            |                              |                             |
| BOP Form completed                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| <b>Tax Clearance</b>               |                              |                             |
| Tax Clearance Certificate required | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Tax Clearance Certificate provided | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| <b>Documents</b> |                              |                             |
| Invoice          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Customs Form 15  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other            |                              |                             |
|                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|                                               |                              |                             |
|-----------------------------------------------|------------------------------|-----------------------------|
| <b>Treasury</b>                               |                              |                             |
| Treasury contacted                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Funds available                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Funds available, Booking no. recorded      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Funds not available, Currency Order placed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|                       |           |           |
|-----------------------|-----------|-----------|
| <b>OBPM Processed</b> |           |           |
|                       | date/time | Signature |
| OBPM Time Input       |           |           |
| OBPM Time Authorised  |           |           |