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SORT CODE: 60 95 00 SWIFT (BIC) CODE: PUNBGB22

(Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority and the Prudential Regulation Authority)

REQUEST FORM FOR REMITTANCE THROUGH SWIFT

Misc. / /

Date: _____ / _____ / _____

Customer's Name: _____

Please debit my above mentioned account for transfer of funds through SWIFT as per details given below:

Name of Beneficiary																
Address of Beneficiary																
Beneficiary Bank Name																
Bank Address																
SWIFT Code																
IBAN / Account Number																
Others (Routing/Sort code/Transit no.) if any																
Intermediary Bank, if any	SWIFT Code -							Account no -								
Currency of Remittance																
Amount to be remitted. (in figures)															:	
Amount to be remitted. (in words)																
Exchange Rate (If applicable)																
Amount to be debited from Customer's account & Currency																
Charges*	SHA/BEN/OUR															
Reference for Beneficiary																
Purpose of Remittance																

I declare that the above details are true and correct. I am using this remittance facility for bona fide transactions without violating the provisions of any Government/ Exchange control regulations. I have no objection if the data is being processed at a back office centre in India or elsewhere. I also agree to abide by the terms and conditions governing the money transfer (available as a separate Handout and or at our website <http://www.pnbint.com>). I understand that Bank may validate my name, address and other personal information, supplied by me during the process, against appropriate third party databases. By accepting these terms and conditions, I consent to such checks being made. In performing these checks, personal information provided by me may be disclosed to a registered credit reference agency, which may keep a record of the information. This is done only to confirm my identity, that a credit check is not performed and that my credit rating will be unaffected. All information provided by me will be treated securely and strictly in accordance with the Data Protection Act 1998.

Customer's Signature

Signature of CSA/ Officer

Name: _____

Signature of Officer/Manager
Name:

For Back Office only:

Transaction ID, HORM ID and Date in CBS			SWIFT Reference and Date in SWIFT Alliance	
Name & Signature (Maker)		Name & Signature (Checker)		Name & Signature (Authoriser)

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Acknowledgement

Date: ____ / ____ / ____

We acknowledge the receipt of your request for SWIFT by debiting your Account No:
In case of any further assistance/ query, please contact the branch.

Branch Name:

Ref. Number: Misc. /

Signature (CSA / Officer / Manager)

Name:

For Customer's information:

SWIFT Service Charges*

GBP transfer	£ 25
USD transfer	\$ 40
EURO transfer	€ 50