



PAYMENT ORDER FORM

Date:	
Payment Reference #:	
Check #	
Transaction Type	International Wire / Draft

50. Ordering Customer Information

Account #:			
Name:			
Address:			
City:		Country:	

PAYMENT INFORMATION				
Currency:		Amount:		Rate:
XCD Equivalent:	-	Charges:		Transaction Total:
				-

Charges transaction:

- o SHA (costs for the transactions are shared)
- o BEN (all cost for the transaction will be paid by beneficiary)
- o OUR (all costs for the transaction will be paid by ordering customer)

57. Beneficiary Bank Information			
SWIFT Code / ABA / Routing:			
Name:			
Address:			
City:		Country:	

59. Beneficiary Customer Information:			
Account #:			
Name:			
Address:			
City:		Country:	

70. Remittance Information:	
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56. Intermediary Bank Information	
SWIFT Code / ABA / Routing:	
Name:	

Kindly debit above mentioned account number for amount transferred, plus charges. It is understood that the message will be sent in cipher or otherwise at my/our risk in every respect and that neither **ACB Grenada Bank Ltd.** nor **their** correspondents will be liable for the consequences of any delay, mistake or omission in transmission or payment or any interception of the said message.

I/We declare that I/we am/are not involved in any criminal or money laundering activity and the funds which are to be used to process the Wire transfer as described above are legitimate. I/We further declare that the funds have not been derived from any illegal activities and the source of the funds and purpose of the wire transfer are as follows:

Specify Source of Funds:	
Specify purpose of wire transfer	
Economic Activity:	

Customer 1 Signature	Customer 2 Signature	Date

AUTHORISED SIGNATURES	
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