



APPLICATION ON PAYMENT WITH AUTHORISATION

___/___/20__

Complete in BLOCK CAPITALS

Please effect payments with specified details following confirmation over the telephone.

50 Remitter Account number _____ Country code ____

Customer _____
(full name)

Registration No. / Identity No. / Passport No. / ID Document No. _____

56 Correspondent bank _____

Address _____

Bank's code S.W.I.F.T. _____ NCC _____ Country code ____

57 Account number _____ in correspondent bank IBAN

Beneficiary Bank _____

Address _____

Bank's code S.W.I.F.T. _____ NCC _____ Country code ____

59 Beneficiary _____ Account number _____ IBAN

Beneficiary _____

Address _____

Registration No. / Identity No. / Passport No. / ID Document No. _____ Country code ____

70 Remittance information (up to 140 symbols) _____

Code of external payments ____

Foreign bank charges to be paid by OUR BEN SHA

Payment currency ____ Daily limit _____

Daily limit (in words) _____

Template Name _____

Effective through ___/___/20__ Good till cancelled

Customer:



Customer's seal

(signature)

Accepted for execution



Seal

(signature)

Rietumu ID _____ Key _____

Contact information _____