

Please fill in using **BLOCK LETTERS**

Please "√" where applicable

SI/ Reference No.:

Branch:

Date:

Call Back Confirmation Done

Remitter's Information

Account Name:

Account No.: Currency: Passport/ ID No.: Telephone No.:

Address: Town/ City Postal Code Country

Standing Order Details

New Amend (Please fill in new values only) Delete

Frequency: Once Monthly Quarterly Half-yearly Yearly Others: (Please specify)

First payment on Regular payments on Last payment on

Amount: Currency Amount

Amount in Words:

Beneficiary's Information and Remittance Mode

57;	Beneficiary's Bank	Name*	<input type="text"/>
		Address**	<input type="text"/>
		Country**	<input type="text"/>
		Branch*	<input type="text"/>
		Branch Code***	<input type="text"/>
59;	Beneficiary	Name*	<input type="text"/>
		Address**	<input type="text"/>
		Country**	<input type="text"/>
		Account No.**	<input type="text"/>
70;	Details of Payment **		

* Indicates mandatory information to be provided.

** Indicates mandatory information if remittance mode is Telegraphic Transfer.

*** Indicates mandatory information to be provided for foreign currency Telegraphic Transfer.

Please remit the funds according to the standing order details with the following remittance mode:

Telegraphic Transfer:

Sort Code BIC

71; Local charges borne by remitter & overseas charges by beneficiary (SHA) OR All local and overseas charges borne by remitter (OUR) OR All local and overseas charges borne by beneficiary (BEN)

72; Bank to Bank Information

Sweeping Arrangement

If balance in Account No. is above / below transfer funds to / from Account No. in multiples of provided the funding account has sufficient funds.

Others:

(Please specify)

Note: The applicable charges (if any) will be debited to the remitter's Account Number stated above.

I/ We agree to abide the Terms and Conditions printed overleaf.

Customer's Signature 1	Customer's Signature 2
<input type="text"/>	<input type="text"/>
Name:	Name:

For Bank Use Only

32A	Value Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
56A	Intermediary Bank	Name: <input type="text"/>				
		Address: <input type="text"/>				
		Account No: <input type="text"/>				
Charge:	Branch	Receiving Branch:	Signature Verified by:	Checked by:	Approved by:	Revenue Stamp (New instructions only)
Approve insufficient funds: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hub	Processed on:	Data Input by:	Checked by:	Approved by:	

Terms and Conditions

1. I/ We understand that the payment will be effected on the effective date specified above (or the following business day in the event of a holiday).
2. I/ We understand that the Bank reserves the right to charge/ levy penalties if there are no sufficient funds in my/ our account.
3. I/ We understand that this service is subject to banking procedures.

For Bank Use Only

Delivered by: Self Third Party/ Agent

Name(s):

ID/ PP/ Agent No:

Time Received: Date Received:

CALL BACK CONFIRMATION

Customer Representative:

Information Confirmed:
(Please specify)

Time Received: Date Received:

SCB Staff Name:

SCB Staff Signature: