

Other Bank Transfer Request Form

Date: (DD-MM-YY) _____

Amount: [BZD ONLY] _____

Debtor's/Sender's Information

Debtor's Full Legal Name: _____

Business Partner No.:

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Account Number:

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Type of Customer: Business Individual

Creditor's/Recipient's Information

Creditor's Full Legal Name: _____

ID #: [Required for Individuals] Type: _____ Number: _____

Creditor's Bank: _____

Type of Transfer: _____

Account Number: _____

Relationship between Sender & Beneficiary: _____

Type of Customer: Individual Business

Address (Required for over \$10,000.00)

Street # & Name: _____

City/Town/Village: _____

Bldg # & Name: _____

District: _____

Transfer Details

The undersigned agrees that the transfer are irrevocable and that the sole obligation of Atlantic Bank Limited is to exercise ordinary care in processing the transfer and that it is not responsible for any losses or delays which may occur as a result of any other party's involvement in processing the transfer, communication failures, any inaccuracy in your instructions; or any applicable government or funds transfer system rule, policy or regulations, or the possibility or unwillingness of any intermediaries including the receiving institution to process any transfer for any reason.

For Money Laundering and Terrorism Prevention Act purposes Atlantic Bank requires that you provide complete and accurate information and documentation on the beneficiary and purpose of the transfer. Atlantic Bank Limited has no obligation to re-execute any rejected or returned transfer. Any credit may not be equal to the original amount due to transfer fees and expenses incurred by Atlantic Bank.

Authorised Signature: _____

Authorised Signature: _____

Internal Use Only

Time Received: _____ Transfer Fee: _____

Attended By: _____

Approved By: _____

Signature: _____

Signature: _____