Atlantic Bank

Reset Form

Outgoing Wire Transfer Request

Date: (dd/mm/yy) 21/05/2026 Amount: $ 27,000.56 Currency: USD

Debtor/Originator's Information:

Type of Customer: (•) Business ( ) Individual

Originator's Full Name: Wholesale Company Ltd Account No.: 1 0 0 7 0 0 0 0 0 0

Debtor/Originator's Address

Street No. & Name: 799, Freetown Road Building No. & Name:

City/Town/Village: Belize City District: Belize Country: Belize

Intermediary Bank Information

(•) SWIFT BIC: ( ) ABA/Routing

Bank Name: JP MORGAN CHASE BANK ABA/Routing Number: SWIFT BIC: CHASUS33

Account Number (if required):

Intermediary Bank Address

Street No. & Name: 270 Park Avenue Building No. & Name:

10017

City/Town/Village: New York City District/State: New York Country: USA

Creditor/Beneficiary's Information

Type of Customer: (•) Business ( ) Individual

Creditor's Full Legal Name: Manufacturing Company Limited

Creditor's Account No. 14567876985617 IBAN # / Mexican CLABE#:

Website: Nature of Business: Manufacturer of wholesale goods

Date of Birth: Place of Birth: Relationship to Customer:

Creditor/Beneficiary's Address

Street No. & Name: 770 Commercial Rd Building No. & Name:

City/Town/Village: Melbourne District/State: Victoria Country: Australia

Zip code/Postal Code: 3004

Beneficiary Bank Information

(•) SWIFT BIC: ( ) ABA/Routing

Bank Name: National Australia Bank Limited ABA/Routing Number: SWIFT BIC: NATAAU3303M

Beneficiary Bank Address

Street No. & Name: 395 Bourke Street Building No. & Name:

3000

City/Town/Village: Melbourne District/State: Victoria Country: Australia

Wire Transfer Request Summary

Date: (dd/mm/yy)	21/05/2026	Amount:	$ 27,000.56	Currency:	USD
Originator's Full Name:	Wholesale Company Ltd			Account No.:	1 0 0 7 0 0 0 0 0 0

Payment/Purpose details

PREPAYMENT FOR INVOICE 412000089764 FOR PURCHASE OF COMPUTERS.

The undersigned agrees to accept all foreign exchange fees and service charges associated with the processing of the wire transfer to be levied from the account. The transfer request is irrevocable, and it is the sole obligation of Atlantic Bank (the Bank) to exercise ordinary care in processing the wire. You hereby release and hold the Bank harmless for all claims and any liability for any inaccuracy in your wire instructions, communication failures, policies, regulations, any applicable or funds transfer rule(s), the refusal of our correspondent, intermediary or beneficiary bank(s) to process any instructions for any reason. The Bank is not accountable for any payments subjected to any delay not caused by the Bank itself such as a hold(s) for OFAC sanctions even if such delays result in the inability of funds being recalled. In combating money laundering and terrorist financing, the Bank requires complete and accurate information with supporting documentation on the beneficiary and a detailed purpose of the reasons for payment. This information will be verified prior to processing the wire; the Bank, in its sole discretion, may refuse to execute a transfer under any circumstances. Where the beneficiary information, such as the physical address and nature of business cannot be ascertained, the Bank shall refuse to initiate such transfer. Reimbursement of funds for returned wires may not be equivalent to the original amount due to transactional expenses incurred by the Bank or correspondent banks. The Bank has no obligation to re-execute any returned or rejected transfer order(s).

Authorized Signature: Jane Doe Date: 21/05/2026

Authorized Signature: Date:

Internal Use ONLY

Business Partner: Correspondent Bank: ◯ Bank of New York ◯ US Century Bank ◯ JP Morgan Chase

Attachments:

Comp. Clearance	◯Yes	◯No
CBB Permit	◯Yes	◯No
Invoice/Pro Forma	◯Yes	◯No
Customs Entry (If Applicable)	◯Yes	◯No

Reference #	Attending Officer	Date	Supervisor	Date