SOCIETE GENERALE GHANA

INTERNATIONAL BANK TRANSFER REQUEST

Beneficiary Bank City :
,
Transfer Currency:
,
Account Branch :
Registration No:
Identification No:
Email :
Customer Internal Reference:

Beneficiary Intermediary Bank details:

Intermediary Bank Name :	 	 	 	 	 	 		 	 	 	_	 		 	 	 		
Intermediary Bank Address :	 	 	 _	 		 	_	 _	 	 		 	_	 		 	_	

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Intermediary Bank account No:

Intermediary Bank Swift Code:

Shared

*Intermediary Bank charges to be borne by Applicant Beneficiary

By signing this request, I acknowledge and confirm that I have authorised SOCIETE GENERALE GHANA LTD. To debit my account for the transfer amount, expenses and commissions to effect my instruction. I accept that the bank may require me to

Applicant's Signature

Branch Received Stamp:

For Bank Use (Branch/ BBK)												
Account Mandate verified Account Balance verified	Account KYC verified											
Name :	Signature:											
Request Authorised by:												
Name :	Signature:											

NB : Any request sent without the complete address of the ordering customer in amplitude will be automatically returned.

Funds Transfer Unit		
Applicable Exchange rate	Swift Charges	
	Taxes	
Total amount to debit applicants account:	I otal Charges (Commissions, fees and Taxes)	
Request processed by		
Name :	 Signature:	
Request Validated by:		
Name :	 Signature:	