

MONEY TRANSFER FORM

D	D	M	M	2	0	Y	Y	REF	RMT/	/00
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Our Ref.:
BENEFICIARY DETAILS : Mr / Ms / Mrs / Dr / Others (Please delete those not applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Surname

UBI CBS account No :
Cheques
Cash
Address:

Street	<input type="text"/>
City	<input type="text"/>
Post Code	<input type="text"/>
Phone No.	<input type="text"/>
Mobile No	<input type="text"/>
E-mail ID	<input type="text"/>

BANK DETAILS (Only fill up if Beneficiary is other than UBI)
Name and Address **Swift / IFSC Code**

Account No.

Total
Amount to be remitted
Remittance Amount
Amount in words
Issuance Charges
Exchange Rate
Courier/Postage
Charges : **OUR / BNF / SHA**
Cash handling Charges
Total
PURPOSE OF REMITTANCE
 Savings Investment Purchase of property / land Family maintenance Charity / Donation

Others (Please specify)
CUSTOMER DETAILS : Mr / Ms / Mrs / Dr / Others (Please delete those not applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Surname

Address (in case of Non A/C holders only)

Street	<input type="text"/>
City	<input type="text"/>
Post Code	<input type="text"/>
Phone No.	<input type="text"/>
Mobile No	<input type="text"/>
D.O.B.	<input type="text"/>
E-mail ID	<input type="text"/>

Source of Funds
 Withdrawal from another bank / Building society

 Transfer from account with UBI (UK) Ltd.

 Any other source

Please debit my / our account No. with the cost of remittance

I declare that the above details are true and correct. I am using this remittance facility for bonafide transactions. I have no objection in the data being processed at a back office centre in India or elsewhere. I also agree to abide by the terms and conditions governing the money transfer (available as a separate hand out available at the branch). I/We understand that the bank may perform due diligence on any information provided. By accepting these terms and conditions I/We consent to such checks being made. In performing these checks information provided by me/us may be disclosed to a registered Credit Reference Agency which may keep a record of the information. This is done only to confirm my/our identity, that a credit check is not performed and that my/our credit rating will be unaffected. All information provided by me/us will be treated securely and strictly in accordance with the "Data Protection act 1998".

Customer Signature :

Date :

Acknowledgment Slip

RMT/ /00

D	D	M	M	2	0	Y	Y
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Name and Address of Remitter	Amount Received	<input type="text"/>
<input type="text"/>	Charges	<input type="text"/>
	Exchange Rate	<input type="text"/>
	INR Remitted	<input type="text"/>
	Beneficiary Name & Account No. :	<input type="text"/>