

## TRANSFER FORM Date: Client Name: \_\_\_\_\_ Debit account Number: **Type of Transfer** Transfer within OIB Local Transfer International Transfer **Beneficiary Details** Beneficiary Name: Beneficiary Address: \_\_\_\_ Beneficiary Bank Name (For Local & International): Beneficiary Branch Name & address (For Local & International): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SWIFT / other: \_\_\_\_\_ Beneficiary Account/IBAN No.: **Transaction Details** Transfer Currency: \_\_\_ Amount in Numbers: \_\_\_\_ Amount in words: \_\_\_\_\_ \*Reason of Transfer (please specify): Charges OUR): All local and international charges by the remitter (SHA): Local charges borne by remitter and international charges by beneficiary (BEN) All local and international charges borne by beneficiary

\*Above charges are applicable for international transfers, for local and within OIB transfers, changes will be borne by the remitter.

## **Confirmations**

We have read, obtained and signed the General Terms and Conditions provided as an annexure to this document and that the services and/or request shall be read in conjunction with the General Terms and Condition of the Bank and any other agreements we have entered into with the Bank including the Tariff of Charges available on https://www.oib.om and understand its applicability to our account, subject to written confirmation on any changes. We confirm that under no circumstances shall the Bank, its employees or its related parties be liable for any direct, indirect, incidental, special, punitive or consequential damages that may result in any way from their reliance on the information we have provided.

Name:		Name:	
Authorized Signatory:		Authorized Signatory:	

## FOR BANK USE ONLY

Client Services Handover/Date:	Signature:
Operations Processed By/Date:	Signature:
Operations Authorized By/Date:	Signature:
Sell Rate & Equivalent Amount:	Total Payable: