

## **TRANSFER FORM**

Date:			
Client Name :			
Debit Account Number :			
Type of Payment/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 Code:			
Beneficiary Account/IBAN No.:			
Transaction Details			
Transfer Currency :			
Amount in Figures :			
Amount in Words :			
*Purpose of Payment (please specify):			
Value Date of Payment : D D M M Y Y Y Y			
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.			



## **Acknowledgement / Declaration**

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. The Bank has the right to request from the client additional supporting documents for processing the payment contemplated hereunder.

Name:	Name:	
Authorized Signature & Stamp:	Authorized Signature & Stamp:	
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:	