|  |  |
| --- | --- |
|  | Remittance Instruction Form |

\*mandatory fields #tick appropriate

TO BE TYPED IN COMPANY LETTER HEAD)\*\*In case of corporate entity

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Details** *FIELD 50K* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Name | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| NRIC/EP/WP/S-Pass Number *(For Individuals)* UEN Number *(For Corporates)* | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Debit Account Number | | | | | | | | | | | |  | | | |  | | |  | | |  |  | |  |  |  | | |  | |  |  | |  |  |  |
| \*Remittance Currency# *FIELD 32A* | | | | | | | | | | | | | | | | | | | | | \*Amount | | | | | | | | | | | | | | | | |
| SGD☐ USD **☐** EUR ☐ GBP ☐ AUD ☐ JPY ☐ HKD ☐ CAD ☐ INR **☐** Others (pl. specify) | | | | | | | | | | | | | | | | | | | | | Remittance Amount# **OR** Debit Account# | | | | | | | | | |  | | | | | | |
|  | | | | | | |
| \*Amount in words 🡪 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Value Date | D | | D | | M | M | | | Y | Y | Y | | | | Y | | | | | The payment will be processed on the date specified here if valid instruction is received before the daily cut-off time and subject to cut-off times related to the geographical location of the destination. | | | | | | | | | | | | | | | | | |
| **Beneficiary Account Details** *FIELD 57* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary Account Type | | | | | | |  | | | | | | | Beneficiary Account Number | | | | | | | | | | | | | | |  | | | | | | | | |
| Beneficiary Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Beneficiary Bank Details** *FIELD 59* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary Bank Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary Bank Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary Bank SWIFT (BIC) Code | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary Bank Code | | | | | | | **ABA or IFSC or BSB or IBAN or any other local clearing code** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Correspondent Bank Details ( Details of the Beneficiary Bank’s Intermediary Bank)** *FIELD 56* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SWIFT Code | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Purpose of Remittance / Payment Details** *(Mandatory for all remittances) FIELD 70* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Charge Type# *FIELD 71A* | | **SHA ☐**  Local charges borne by applicant, overseas charges by beneficiary | | | | | | | | | | | **OUR ☐**  All local and overseas charges borne by applicant | | | | | | | | | | | | | | | **BEN ☐**  All local and overseas charges borne by  beneficiary | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I/We am/are fully aware of the terms and conditions governing the remittance of funds and such terms and conditions are deemed to be incorporated by reference herein and I/We agree to the terms set forth in the aforesaid terms and conditions as may be amended or supplemented from time to time and made available at the Bank’s website at <https://sg.statebank/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CUSTOMER’S AUTHORISED SIGNATURE(S)** (as per mandate registered with the Bank) (Company stamp must be put in case of Corporate Entity) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR OFFICE USE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REMITTANCE NO. : DATE :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature Verified | | | | YES / NO | | | | Indemnity to FAX | | | | | | | | | | YES / NO | | | | | | FAX confirmed with | | | | | | | | | |  | | | |
| CA/SA BALANCE | | | | SGD/USD/JPY/EUR/GBP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEBIT | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| CREDIT | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| CREDIT | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| CREDIT | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| CREATED BY | | | | VERIFIED BY | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |