

STANDING ORDER EXTERNAL TRANSFER INSTRUCTION FORM

New S/O Instruction
 Delete S/O Instruction
 Amend S/O Instruction

| | | | |
|--------------------------------|---|--------------------------------|--|
| STANDING ORDER DETAILS | | Existing S/O Ref (if known): | |
| *S/O Start Date (dd-mmm-yyyy): | | S/O Expiry Date (dd-mmm-yyyy): | |
| *S/O Frequency: | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ | | |

| | | | |
|---|--|--------------------------------|--|
| DEBIT ACCOUNT INFORMATION (Person/Company sending funds) | | *Effective Date (dd-mmm-yyyy): | |
| *Debit Account Number: | | | |
| *Debit Account Name: | | | |
| *Debit Amount (in words): | | | |
| *Debit Amount (in figures): | | | |

| | |
|---|--|
| BENEFICIARY DETAILS (Person/Company receiving funds) | |
| *Remittance Currency: | <input type="checkbox"/> BMD <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> Other: _____ |
| *Remittance Amount (in words): | |
| *Remittance Amount (in figures): | |
| *Beneficiary Bank Name: | *Beneficiary Bank Address: |
| Local: <input type="checkbox"/> HSBC <input type="checkbox"/> BNTB <input type="checkbox"/> CLARIEN | |
| *Beneficiary Bank Code: (SWIFT – BIC / Sort Code / FedWire ID) | Intermediary Bank Code (if applicable): (SWIFT – BIC / Sort Code / FedWire ID) |
| *Beneficiary Name: | *Beneficiary Address: Street: |
| *Beneficiary Account Number or IBAN: | City/Town: County/State: Country: |
| *Payment Details (Not to exceed 35 characters) | |

| | |
|--|---------------------------------|
| CLIENT AUTHORISATION: We understand that where payment falls on a holiday or a weekend, my/our account will be debited on the business day prior to the payment date. | |
| *Client Name 1 (print full name) | Client Name 2 (print full name) |
| *Client Signature | Client Signature |
| *Date (dd-mmm-yyyy) | Date (dd-mmm-yyyy) |
| (Note: * denotes mandatory information) | |

| | | | |
|--|--|----------------------------------|----|
| FOR BANK USE ONLY | | Date received: | |
| Client call-back details: | | | |
| Mandate/signature/indemnity verified by: | <input type="checkbox"/> Balance check | <input type="checkbox"/> FW | |
| Date input to banking system: | <input type="checkbox"/> Wire transfer | \$ | |
| Effective date: | <input type="checkbox"/> Foreign bank charge | \$ | |
| Txn Approved by: | Txn verified by: | <input type="checkbox"/> S/O fee | \$ |
| SO/Transaction reference: | <input type="checkbox"/> FCPT | \$ | |

Please email scanned form to ops-production@bcb.bm or fax to (441) 296-0601