

LOCAL BANK TRANSFER INSTRUCTION FORM

DEBIT ACCOUNT INFORMATION (Person/Company sending funds)	
*Debit Account Number:	
*Debit Account Name:	
*Effective Date (dd-mmm-yyyy):	
*Debit Amount (in words):	
*Debit Amount (in figures):	
*Remittance Currency:	<input type="checkbox"/> BMD <input type="checkbox"/> USD
*Remittance Amount (in words):	
*Remittance Amount (in figures):	(Important: Specify only Debit or Remittance Amount)
*Who Pays BCB's Fee:	<input type="checkbox"/> Sender <input type="checkbox"/> Beneficiary

BENEFICIARY DETAILS (Person/Company receiving funds)	
*Beneficiary Bank Name:	<input type="checkbox"/> HSBC <input type="checkbox"/> BNTB <input type="checkbox"/> CLARIEN
*Beneficiary Name:	*Beneficiary Address:
	Street:
	City/Town:
*Beneficiary Account Number or IBAN:	County/State:
	Country:
*Payment Details: (Not to exceed 80 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	
Client call-back details:	Date received:
Mandate/signature/indemnity verified by:	Date input to system:
Effective date:	<input type="checkbox"/> FW <input type="checkbox"/> Balance check
Transaction verified by:	<input type="checkbox"/> Wire transfer \$
Transaction approved 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