



(PLEASE COMPLETE IN BLOCK LETTERS & WHERE REQUIRED, PLACE A CHECK MARK (✓) IN THE BOXES TO INDICATE YOUR SELECTIONS)

RECEIVED AT: BRANCH	<input type="checkbox"/> V/FORT <input type="checkbox"/> SOUFRIERE <input type="checkbox"/> G/ISLET <input type="checkbox"/> W/FRONT <input type="checkbox"/> B/STREET	DATE (DD/MM/YY)	
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TRANSACTION REQUESTED	<input type="checkbox"/> WIRE TRANSFER <input type="checkbox"/> DRAFT <input type="checkbox"/> INTER-BANK SETTLEMENT <input type="checkbox"/> MANAGER'S CHEQUE
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50. ORDERING CUSTOMER'S INFORMATION BOSL customers: Use **line 1** if both ordering amount & fees are to be debited from the same account. Use **line 1** if ordering amount is to be debited from one account & use **line 2** if fees are to be debited from a separate account.

CUSTOMER'S ACCOUNT #: _____

LINE 1 LINE 2

CUSTOMER'S NAME: _____

CUSTOMER'S STREET ADDRESS: _____

CUSTOMER'S CITY/TOWN/VILLAGE: _____

CUSTOMER'S COUNTRY: _____

CUSTOMER'S CONTACT # _____

HOME WORK MOBILE

PAYMENT INFORMATION	ORDERING AMOUNT (<i>figures</i>) \$ _____	ORDERING CURRENCY _____
	(<i>words</i>) _____	

METHOD OF PAYMENT	<input type="checkbox"/> CHEQUE <input type="checkbox"/> DEBIT MY ACCOUNT <input type="checkbox"/> CASH
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CHARGES TRANSACTION	<input type="checkbox"/> BEN (All transaction costs are borne by the beneficiary) <input type="checkbox"/> SHA (The transaction costs are shared)
	<input type="checkbox"/> OUR (All transaction costs are borne by the ordering customer)

57. BENEFICIARY BANK INFORMATION Please complete **only** if a **wire transfer** or **interbank settlement** is requested. **BIC/ ABA/ IBAN/ Transit Number** is required **only** for **wire transfers**.

BIC/ ABA / IBAN/ TRANSIT NUMBER _____

BANK'S NAME: _____

BANK'S STREET ADDRESS: _____

BANK'S CITY: _____

BANK'S COUNTRY: _____

59. BENEFICIARY CUSTOMER INFORMATION This section is compulsory for **all** requests. **Customer's Account #** is required for **wire transfers & interbank settlements**.

CUSTOMER'S ACCOUNT #: _____

CUSTOMER'S NAME: _____

CUSTOMER'S STREET ADDRESS: _____

CUSTOMER'S CITY/TOWN/VILLAGE: _____

CUSTOMER'S COUNTRY: _____

70. REMITTANCE INFORMATION/PURPOSE

This section is compulsory for **all** requests. Please ensure that the information/purpose provided here is **explicit but concise**.

56. INTERMEDIARY BANK INFORMATION Please complete **only** if **applicable** to your **wire transfer**.

BIC/ ABA / IBAN/ TRANSIT NUMBER _____

BANK'S NAME: _____

BANK'S CITY: _____

Kindly debit the above-mentioned account number(s) for any amount(s) transferred, plus charges. It is understood that where a message will be sent by cipher or otherwise, it is at my/our risk in every respect and that neither Bank of Saint Lucia Limited nor your correspondents will be liable for the consequences of any delay, mistake or omission in transmission or payment or any interception of the said message.

CUSTOMER (1) SIGNATURE CUSTOMER (2) SIGNATURE CUSTOMER (3) SIGNATURE

FOR INTERNAL BANK USE ONLY:
 PASSPORT NATIONAL ID DRIVER'S LICENCE

CUSTOMER ID TYPE & NUMBER ENTERED BY – SIGNATURE VERIFIED BY – SIGNATURE

TRANSACTION #: _____