



(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 checked="" type="checkbox"/> B/STREET	DATE (DD/MM/YY)	05 JAN 2009
TRANSACTION REQUESTED	<input type="checkbox"/> WIRE TRANSFER <input type="checkbox"/> DRAFT <input checked="" type="checkbox"/> INTER-BANK SETTLEMENT <input checked="" type="checkbox"/> MANAGER'S CHEQUE		
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 #:	123456789 <small>LINE 1</small>	987654321 <small>LINE 2</small>	
CUSTOMER'S NAME:	VAL HUED CUSTOMER		
CUSTOMER'S STREET ADDRESS:	#1 SAMPLE LANE, SAMPLE COMMUNITY		
CUSTOMER'S CITY/TOWN/VILLAGE:	CASTRIES		
CUSTOMER'S COUNTRY:	SAINT LUCIA		
CUSTOMER'S CONTACT #	(758) 123-4567 <small>HOME</small>	(758) 987-6543 <small>WORK</small>	(758) 345-6789 <small>MOBILE</small>
PAYMENT INFORMATION	ORDERING AMOUNT (<i>figures</i>)	\$ 6,789.01	ORDERING CURRENCY
	(<i>words</i>)	SIX THOUSAND SEVEN HUNDRED EIGHTY-NINE & 01/100 DOLLARS	
METHOD OF PAYMENT	<input type="checkbox"/> CHEQUE <input checked="" type="checkbox"/> DEBIT MY ACCOUNT <input type="checkbox"/> CASH		
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	NOT APPLICABLE		
BANK'S NAME:	NOT APPLICABLE		
BANK'S STREET ADDRESS:	NOT APPLICABLE		
BANK'S CITY:	NOT APPLICABLE		
BANK'S COUNTRY:	NOT APPLICABLE		
59. BENEFICIARY CUSTOMER INFORMATION	This section is compulsory for all requests. Customer's Account # is required for wire transfers & interbank settlements .		
CUSTOMER'S ACCOUNT #:	NOT APPLICABLE		
CUSTOMER'S NAME:	ANON IMUS CUSTOMER		
CUSTOMER'S STREET ADDRESS:	#5 SAMPLE DRIVE, SAMPLE COMMUNITY		
CUSTOMER'S CITY/TOWN/VILLAGE:	DENNERY		
CUSTOMER'S COUNTRY:	SAINT LUCIA		
70. REMITTANCE INFORMATION/PURPOSE	This section is compulsory for all requests. Please ensure that the information/purpose provided here is explicit but concise .		
	PAYMENT FOR LANDSCAPING WORK DONE DURING DECEMBER		
56. INTERMEDIARY BANK INFORMATION	Please complete only if applicable to your wire transfer .		
BIC/ ABA / IBAN/ TRANSIT NUMBER	NOT APPLICABLE		
BANK'S NAME:	NOT APPLICABLE		
BANK'S CITY:	NOT APPLICABLE		

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 #: