

Telegraphic Transfer Application Form



Date

Country

Branch name and number

Applicant's details

Name

Customer number

Phone number 1

Phone number 2

Email

Address (cannot be a PO Box)

Town/City (mandatory)

Country (mandatory)

Postcode

Complete this section if the application is being made by a company, partnership or other entity.

Contact person

Name

Position/title

Phone

Email

Telegraphic Transfer details

Telegraphic Transfer currency

Telegraphic Transfer Amount

Exchange Rate (if applicable)

Local currency

Local currency amount

ANZ Charges currency

ANZ Charges amount

Total payment currency

Total payment amount

Selected Account

Charges Payment Account

Purpose of payment (mandatory)

- ☐ Gift/payment to family or friend ☐ Expatriate payment to home country ☐ Payment of services
☐ Payment of goods ☐ Markets settlement
☐ Other (please specify)

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Beneficiary's details

and where available

Address (cannot be a PO Box)

Details (Applicant's message to Beneficiary)

Agreement and authorisation

In this application, ANZ means:

- (a) the branch of Australia and New Zealand Banking Group Limited ABN 11 005 357 operating in the country where you are applying for a Telegraphic Transfer, namely either in Cook Islands, Fiji, Solomon Islands, Timor-Leste or Tonga;
- (b) ANZ Bank (Kiribati) Limited, if you are applying for a Telegraphic Transfer in Kiribati;
- (c) ANZ Bank (Samoa) Limited, if you are applying for a Telegraphic Transfer in Samoa; or
- (d) ANZ Bank (Vanuatu) Limited, if you are applying for a Telegraphic Transfer in Vanuatu.

By signing this Telegraphic Transfer application form you acknowledge and agree that you:

(a) declare that all information you have provided to ANZ on this application form is true and correct;

(b) confirm that the amount to be transferred is:

Currency

Amount

; and

(c) authorise ANZ to debit:

- i. The local currency amount or the Telegraphic Transfer Amount (as the case may be) from the Selected Account nominated above; and
- ii. any commission, fees, charges, costs and duties which are imposed in connection with this Telegraphic Transfer request from either the Selected Account (as nominated above) or the Charges Payment Account (as nominated above).

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Agreement and authorisation (continued)

This application must be signed in accordance with the mandate instructions on the Selected Account and the Charges Payment Account.

Application by individual(s)

Full name of applicant

Signature of applicant

Date

Full name of applicant

Signature of applicant

Date

Application by company, partnership or other legal entity

Signed for and on behalf of (full legal name of entity):

Signature

Date

Signature

Date

Bank use only

OET Code

Telegraphic Transfer

BIC number

Branch name and number

☐ Pre-payment

Number Branch

Date received

I confirm that the payment of this Telegraphic Transfer complies with all relevant regulatory exchange control requirements and guidelines and all required documents have been sighted and stamped.

Prepared by

Signature

Date

Verified by

Signature

Time