

EPAYMENT TRANSFER REQUEST FORM

REFERENCE NO.:					
ORDERING CUSTOMER					
CUSTOMER NAME:					
CUSTOMER ADDRESS:					
SOURCE OF INCOME:		ACCOUNT NUMBER:			
PAYMENT DETAILS					
INSTRUCTED AMOUNT: MAIN AMOUNT:					
VALUE DATE (MMM-DD-	FX/CARDED RATE:				
BENEFICIARY DETAILS ACCOUNT NUMBER:					
NAME:					
ADDRESS:		DOCTAL CODE			
CITY:		POSTAL CODE:			
GOVERNMENT ID - TRN	(O DIGITS):	TELEPHONE NO.:			
BANK DETAILS					
BANK NAME:					
ADDRESS:					
ADDITIONAL INFORMATION					
BENEFICIARY INFORMATION:					
PURPOSE OF PAYMENT:					
Islands (the Bank) is not liable for any errors, omissions, or delays in the transmission of funds, regardless of the cause. The Bank provides its Electronic Funds Transfer (ePayment) Service "as-is" without any warranties, expressed or implied, and assumes no liability for any errors, delays, technical issues, unauthorized access, fraud, or any other damages arising from this transfer. I/We agree to indemnify and hold the Bank harmless from any claims, damages, liabilities, or losses arising out of or in connection with this transfer. Electronic signatures provided on this document hold the same validity as handwritten signatures. I/We agree, acknowledge and accept that the Bank will only be liable for its negligence or willful misconduct.					
CUSTOMER AUTHORIZATION					
CUSTOMER NAME:		SIGNATURE:			
CUSTOMER NAME:		SIGNATURE:			
FOR BANK USE ONLY					
Account #		Account Name		Debit	Credit
, iooodiii n		Account Name		Dodic	Orount
RISK SCREEN					
COMPLETED BY:					
SIGNATURE:				DATE:	
AUTHORIZED SIGNATURES					
CREATED BY:					
SIGNATURE:				DATE:	
APPROVED BY:					
SIGNATURE:				DATE:	