Payment Order Form



Sender's Reference:

ST. KITTS-NEVIS-ANGUILLA NATIONAL BANK LIMITED

Member of Caribbean Association of Indigenous Banks

Day	Month	Year			Sender's Reference:		
					Value Date:		
					ECCB Code:		
				•		(For Ban	k Use Only)
Reques	sted Transa	action:	International Wire	e 🗆	International Draft [☐ Loca	l Draft
*Order	ing Custor	ner Informati	on .	Account #		□DDA	☐ SAV
Name:							
City:							
-	ent Inform : Amount : _			Currency:			
□ SHA (v beneficiai	ry) □ OUR (costs paid by	ordering cu	stomer)
			Code / Transit:				
		_		Address:			
Name: City:				Country:			
				·) ·			
*Benef	iciary Cus	tomer Informa	ation:				
Account	t # :]	IBAN (Eu	rope Only)		
Name:				Address:			
City:				Country:			
	Code / ABA	k Informatior / Routing / Sort	Code / Transit:				
will be se	ent in cipher ences of any c	or otherwise at a lelay, mistake or	my/our risk in every res omission in transmission	spect and to n or payme	mount transferred, plus chathat neither you nor your control any interception of the saction will not be complete	orrespondent said messag	s will be liable for the
country, under ind	such as head dividual natio	of state, governn	nent or Member of Parlia uivalent of a spouse, the	ament. Imr	who holds or has held an in nediate family members (the and their spouses or partners	spouse or pa	artner who is regarded
With res	pect to the ab	ove definition: [I declare that I am n	<u>ot</u> a Foreig	n PEP. □ I declare that I <u>a</u>	<u>m</u> a Foreign	PEP
					r controls a customer and/or the beneficial owner of the		
Authori	zed Custom	er Signature	Authorized C	ustomer S	Signature Da	te	
(For Bank Use (Only)			(For Bank Use Only)		
Entered		•] [Verified			
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INSTRUCTIONS

MANAGER'S CHEQUE AND INTERNATIONAL DRAFT

- Insert date in section at the top of the page.
- Insert a check ($\sqrt{}$) mark in the appropriate box for International Draft or Local Draft for the instrument required.
- Complete the following in full:
 - Ordering Customer Information (Name and Complete Address)*
 - Payment information
 - Beneficiary Customer information (Name and Complete Address)*
 - Economic Reason For Payment
- Read the authorization paragraph and sign and date the form. (for accounts under dual control, two or more signatures are required on the form)

INTERNATIONAL WIRE TRANSFER

- Insert date in the section at the top of the page.
- Insert check $(\sqrt{})$ mark in the appropriate box for International wire.
- Complete the following in full:
 - Ordering Customer Information (Name and Complete Address)*
 - Payment Information
 - Beneficiary Bank Information (Name and Complete Address)*
 - Beneficiary Customer Information (Name and Complete Address)*
 (For transfers to Europe the IBAN must be provided)
 - Economic Reason for Payment
- Complete the Intermediary Bank Information if you are transferring via an intermediary bank.
- Indicate who will pay the transaction charges by inserting a check (√) mark in the appropriate box in the Transaction Charges section.
- Read the authorization paragraph and sign and date the form. (for accounts under dual control, two signature are required on the form)
- * Name and Complete Address Full Name and Physical Address of Individual or Company. Post Office Boxes are not acceptable.