



PAYMENT ORDER FORM

Date:	
Payment Reference #:	
Check #	
Transaction Type	Select:

50. Ordering Customer Information	
Account #:	
Name:	
Address:	
City:	Country:

PAYMENT INFORMATION			
Currency:	Amount:	Rate:	
XCD Equivalent:	Charges:	Transaction Total:	-

Charges transaction:
 o SHA (costs for the transactions are shared)
 o BEN (all cost for the transaction will be paid by beneficiary)
 o OUR (all costs for the transaction will be paid by ordering customer)

57. Beneficiary Bank Information	
SWIFT Code / ABA / Routing:	
Name:	
Address:	
City:	Country:

59. Beneficiary Customer Information:	
Account #:	
Name:	
Address:	
City:	Country:

70. Remittance Information:	
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56. Intermediary Bank Information	
SWIFT Code / ABA / Routing:	
Name:	

Kindly debit above mentioned account number for amount transferred, plus charges. It is understood that the message will be sent in cipher or otherwise at my/our risk in every respect and that neither **Antigua Commercial Bank** nor **their** correspondents will be liable for the consequences of any delay, mistake or omission in transmission or payment or any interception of the said message.

I/We declare that I/we am/are not involved in any criminal or money laundering activity and the funds which are to be used to process the Wire transfer as described above are legitimate. I/We further declare that the funds have not been derived from any illegal activities and the source of the funds and purpose of the wire transfer are as follows:

Specify Source of Funds:	
Specify purpose of wire transfer	
Economic Activity:	

Customer 1 Signature	Customer 2 Signature	Date

AUTHORISED SIGNATURES	
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