

# International Payment

(Use capital letters)

SENDER									
Name:	Phone:								
Address:	E-mail:								
Postcode / City:	Account no:								
BENEFICIARY									
IBAN / Account no:									
Name:	Address:								
Country:	SC / BLZ / ABA / FW-NR:								
BENEFICIARY'S BANK									
Name of the bank:	SWIFT-address:								
Address:									
DETAILS OF PAYMENT									
<table border="1"> <thead> <tr> <th colspan="2">AMOUNT AND TYPE OF PAYMENT</th> </tr> </thead> <tbody> <tr> <td>Currency:</td> <td>Amount:</td> </tr> <tr> <td colspan="2">Type of payment:</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Normal  <input type="checkbox"/> Rush order               </td> </tr> </tbody> </table>		AMOUNT AND TYPE OF PAYMENT		Currency:	Amount:	Type of payment:		<input type="checkbox"/> Normal <input type="checkbox"/> Rush order	
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SIGNATURE									
City / date:	Signature:								

This form can also be returned to the bank by mail, or fax 00 47 56 52 03 10

FOR INTERNAL USE ONLY				
Received:	Registered:	Verified:	Ref. no.:	Remark:

