

Payment type Standard Express**BY ORDER OF**

Company / Name, Surname _____

Registration Nr / Personal ID No _____

Account Number _____

Amount in figures _____

Currency _____

Amount in words _____

Intermediary Bank

Address _____

Account number in intermediary bank _____

SWIFT

ABA

BLZ

SC

Beneficiary's bank

Address _____

SWIFT

ABA

BLZ

SC

BENEFICIARY

Account Number _____

Company / Name, Surname _____

Registration Nr / Personal ID No _____

DETAILS OF PAYMENT

Intermediary bank charges to be paid by

 Remitter Beneficiary**TEST KEYS CALCULATION**

Coding device serial number _____

Remitter Account number _____

Currency code _____

Sum _____

Beneficiary account number _____

1st Testkey _____

2nd Testkey _____

ADDITIONAL SERVICES In case of payment failure call the number Send the copy of the payment order by fax**CLIENT REMARKS TO THE BANK****BANK REMARKS**