SOCIETE GENERALE GHANA

INTERNATIONAL BANK TRANSFER REQUEST

MANDATORY FIELDS ARE MARKED WITH *

Customer Details:

*Date: _____

Customer internal reference: _____

*Name of the applicant: _____

*Postal Address of applicant: _____

*Residential address of applicant: _____

*Phone number: _____

Email: _____

Type of identification Individual: _____

Identification No: _____

Type of registration Business: _____

Registration No: _____

Please debit account number: _____

Account ccy: ○ GHc   ○ EUR   ○ GBP   ○ USD   *Account branch: _____

*With transfer amount of (amount in figure): _____

Transfer currency: _____

*Amount in words: _____

*Purpose of transfer: _____

Beneficiary Details:

*Name of the Beneficiary: _____

Postal Address of Beneficiary: _____

*Residential Address of Beneficiary: _____

*Beneficiary account/IBAN: _____

*Beneficiary Bank: _____

Beneficiary Bank Branch: _____

Beneficiary Bank country: _____

Beneficiary Bank City: _____

Beneficiary Bank swift code: [   ]   Beneficiary Bank Code
(ABA/ Fidwire/ routiing No/sort code/ BLZ etc: [   ]

Beneficiary intermediary Bank details:

Intermediary Bank name: [   ]

Intermediary Bank Address: [   ]

Intermediary Bank account No: [   ]   Intermediary Bank Swift Code: [   ]

*Intermediary Bank charges to be bome by: ⦿ Applicant   ⦿ Beneficiary   ⦿ Shared

By signing this request, I acknowledge and confirm that I have authorized SOCIETE GENERALE GHANA LTD. To debit my account for the transfer amount, expenses and commissions to effect my instruction. I accept that the bank may require me to

Applicant's signature: [   ]   Branch Received stamp:

For Bank Use (Branch/ BBK)

Account Mandate verified ☐   Account Balance verified ☐   Account KYC ☐

Name : [   ]   Signature: [   ]

Request Authorized by

Name: [   ]   Signature: [   ]

NB: Any request sent without the complete address of the ordering customer in amplitude will be automatically returned

Funds Transfer Unit

Applicable Exchange rate: [   ]   Swift charges: [   ]

Taxes: [   ]

Total amount to debit   Total charges

Applicable amount: [   ]   (commissions, fees and taxes): [   ]

Request processed by:

Name: [   ]   Signature: [   ]

Request Validated by

Name: [   ]   Signature: [   ]