KBZ BANK
STRENGTH OF MYANMAR

Foreign Remittance Application Form

Date:	Bank Reference No	

APPLICANT DETAILS

				USD	SGD	EUR	CNY	BAHT
Applicant Name		Remittance Currency (Please Tick)						
Applicant Address:		Remittance Amount						
		Rate of Exchange						
Applicant NRC/PP Number		Amount to be Debited (MMK)						
Mobile Number		Purpose of Remittance						
Applicant KBZ Account Number								
Email Address								

BENEFICIARY DETAILS

Beneficiary Account Holder Name	
Beneficiary Address	
Beneficiary Account Number	
Email Address	
Phone Number	

BENEFICIARY BANK DETAILS		FOR TRADE PAYMENT ONLY	
Beneficiary Bank Name & Address		Vessel Name:	
		Port of Discharge/Loading	
Beneficiary Bank SWIFT Code		Details of Goods Shipped	
Beneficiary Account Number		Goods Description	
Intermediary Bank Name			
Intermediary Bank SWIFT Address		Is this related to Min of Defence	◯ Yes ◯ No
Special Request		I/We attach or hereby undertake to produe to the KBZ Bank within three months the relatvie certified copy of the Customs Bill of Entry and other satisfactory documentation evidence. I/We undertake to repatriate the amount remitted in excess of the value as accepted by the Customs Authorities.	

Purpose of Payment	

CHARGES DESCRIPTION:		AUTHORIZED SIGNATURE	
OUR	(OUR) All Charges borne by Applicant	Customer Signature/s Verified	Affix Signature Verified Stamp Here
SHA	(SHA) All Sender Bank' Charges borne by Applicant and All overseas chrges borne by		
BEN	(BEN) All Charges borne by Beneficiary		
Note: OUR Charges type will be available ONLY to customers of KBZ Bank			

Terms and Conditions are subject to change without notice, so you should always check www.kbzbank.com *for updates before signing this application form. By signing this application, you confirm that you have read, understood, and agreed to be bound by the terms and conditions for Foreign Remittance. You authorize us to charge all bank charges to your account.*

Applicant's Signature/ Company Stamp

For Office Use Only		
Maker	Checker	Authorizer