

# Notification to Pay

Where free format is provided please use only these characters: a b c d e f g h i j k l m n o p q r s t u v w x y z A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9 / - ? : ( ) . , ' +

To  Fax Number  Date  /  /   
(PLEASE REFER TO YOUR TERMS & CONDITIONS) (YYYY / MM / DD)

## Client Information

Account Name   
Account Number   
Full Name and Full Address   
Client Reference

## Payment Information

Value Date (YYYY/MM/DD)  /  /   
Currency Code (ISO 4217)   
Currency Amount (IN FULL)       
Additional Information

## Intermediary (field 56)

Party Identifier   
BIC Code  (IF THE BIC CODE IS NOT AVAILABLE, PLEASE PROVIDE DETAILS BELOW)  
Full Name and Full Address

## Account with Institution Information (FIELD 57)

Party Identifier   
BIC Code  (IF THE BIC CODE IS NOT AVAILABLE, PLEASE PROVIDE DETAILS BELOW)  
Full Name and Full Address

## Final Beneficiary (FIELD 58/59)

Account Number   
BIC Code  (IF THE BIC CODE IS NOT AVAILABLE, PLEASE PROVIDE DETAILS BELOW)  
Full Name and Full Address

## Details of Payment (FIELD 70)

## Remittance Information Sender / Receiver (FIELD 72)

## Fund Manager / Client Authorization

Name   
Title   
Signature

Name   
Title   
Signature

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