

Date Date/Month/Year

### Fund Transfer Details

Transaction Currency\*

USD  GBP  AED  AUD  JPY  SAR  CAD  Other  write three letters

Transfer Amount in Figures\*

Transfer Amount in Words\*

Purpose of Payment\*

Personal/Family Support  Education  Medical  Loan Payment  Other

Details of Payment\*

### Sender Details

Full Name\*

CNIC/SNIC/NICOP\* (copy required)

Telephone Number\*

Address\*

Relationship with Beneficiary\*

### Beneficiary Details

Full Name\*

CNIC/SNIC/NICOP/Passport\* (copy required)

Beneficiary Address\*

Telephone Number

Date of Birth\* Date/Month/Year

(for individuals only) (Mandatory if beneficiary is in the USA)

### Beneficiary Bank and Account Details

Account number\*

IBAN (where applicable)\*

Bank Name\*

Bank Address\*

Bank Code Type

Routing  Sort Code  BSB  Transit (check one box)

Bank code

SWIFT Code\*

I/We hereby request ZQEC to process the above mentioned transaction and transfer the mentioned FCY amount to the beneficiary bank account provided and also process the Fee and Charges as mentioned above. In case of refund/return of transaction from the receiving bank, the amount will be paid to the customer in PKR, as per the interbank rate on the date of the payment returned. I/We, the undersigned, hereby declare to have read and unconditionally agree to the Terms and Conditions.

Customer's Signature \_\_\_\_\_

### For Office Use Only

FCY Amount	FTT Rate	Charges	WHT	Total Amount (PKR)
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Authorized Signature

Cashier Sign and Stamp