

## Fund Transfer Application Form

Sender Information						Transfer Type:	
Customer:						International <input type="checkbox"/>	
Account No:						Domestic <input type="checkbox"/>	
Address:							
Date of Birth		Place of Birth		Nationality		Occupation	
For Individuals only:							
Transfer Instruction	Amount(in figures)			Currency	Country		
	Amount (in word)			Value Date			
Beneficiary details	Account name						
	Account number						
	Address						
	Details of transfer						
Intermediary Bank details (if any)	Bank name						
	Account #						
	IBAN/Routing #						
	Bank name						
Beneficiary Bank details	Address						
	IBAN/Routing #						
	SWIFT						

Charges					
External payment code	Single Purpose			<b>OUR</b>	AIB Charges, Intermediary, & Beneficiary Bank charges to my account
	Multiple purpose	A		<b>BEN</b>	AIB Charges, Intermediary, & Beneficiary Bank charges to Beneficiary's account
		B		<b>SHA</b>	AIB charges to my account. Intermediary and Beneficiary Bank charges to Beneficiary's account

AIB shall not be held liable if the beneficiary does not receive the transferred amount on any reasons stated by the intermediary or beneficiary bank due to blockage or stoppage of the transfer process, or for any delay in the payment of the amount.

هرگاه پول انتقال داده شده از بانک بین المللی افغانستان، قبل از رسیدن به حساب بانکی شخص دریافت کننده بنابر دلایلی از طرف بانک میانجی و یا بانک ذینفع بلاک گردد، یا انتقال آن متوقف گردد و یا هم در تأخیر صورت گیرد، بانک بین المللی افغانستان در زمینه هیچ نوع مسؤلیتی نخواهد داشت.

د افغانستان نړیوال بانک اداره (AIB) د پیسو لېږد په پروسه کې کله چې پیسې لاسته راوړونکي بانک ته په هرډول لامل لکه د پیسو کنټرول کېدلو، درولو او یا د لېږد په پروسه کې د بل هرډول خنډ په سبب لېږدېدلي پیسې د منځګړي بانک یا پیسې لاسته راوړونکي بانک ته ونه رسېږي، هیچ ډول مسؤلیت او پړه په غاړه نلري.

I/We authorize the bank to debit our account with above mentioned amount and associated charges. I/we also certify that the above mentioned information is accurate and complete to the best of my/our knowledge and on a later date if AIB requires any documentary proof of purpose we undertake to submit the same.

Sender's Signature:..... Date:

### For Bank Use Only

Signature Verified: <input type="checkbox"/>	Checked by:	For Use by Payment Department	
AML Checked: <input type="checkbox"/>	Signature:		
Balance Verified <input type="checkbox"/>		PS Authorizer	
		Flexcube Ref#	
		External Ref#	