

Date: _____

Place: _____

REQUEST FOR INTERNATIONAL PAYMENT

Ordering customer: _____

Address, city and country: _____

Phone and fax No: _____

Amount and currency of the payment: _____ **EUR USD TRY**
(Amount) (Circle the currency)

Options of transfer charges: **SHA OUR BEN**
(Circle the option of charges)

Beneficiary customer: _____

Address, city and country: _____

IBAN code: (Beneficiary account number): _____

SWIFT code of beneficiary bank: _____

Name of beneficiary bank: _____

Documentation: _____
(Related to the purpose of the transfer)

OTHER INFORMATIONS

(Seal and signature of the client)

(Signature of the bank employee)