

WIRE TRANSFER APPLICATION



Branch <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	Wire Number	Date Received	Time Received	<input type="checkbox"/> Domestic <input type="checkbox"/> International
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ORIGINATOR INFORMATION 송금인	Account Number			WIRE AMOUNT (USD) \$ (+) FEE \$ (=) TOTAL RECEIVED \$ INTERNATIONAL WIRES FOR CONSUMERS ONLY (Correspondent Bank: PCBB) Type of Currency <input type="checkbox"/> US Dollar <input type="checkbox"/> Foreign Currency Foreign Currency Only Exchange Rate: _____ Foreign Curr. Amt: _____
	Name			
	Address			
	City, State, Zip Code			
	Phone Number			
	Purpose of Transfer			
BENEFICIARY INFORMATION 수취인	Account Number			
	Name			
	Address Line 1			
	Address Line 2		Country	
	Phone Number			
	Instructions or Comments (Optional)			
BENEFICIARY BANK INFORMATION 수취인 은행	Bank Name			
	Bank Address		Country	
	ABA (Routing) Number	International SWIFT Code	Transit Number (if applicable)	
	Intermediary Bank Name (if applicable)		Intermediary Bank ABA (Routing) Number	

TO THE CUSTOMER: A wire transfer relies on the destination information provided by you. UniBank accepts no liability if there is a loss resulting from incorrect information that you have provided. Additional fees may be deducted for a trace by UniBank (if you request a trace). All transactions are subject to possible restrictions under U.S. Treasury Office of Foreign Assets Control Regulations. International wires can be a high risk to some countries. UniBank will not be responsible for any losses that can or may occur during these transactions unless the error was on our part.

Customer Signature X _____ **Date** _____

BRANCH / ADMINISTRATIVE USE ONLY		
Request By: <input type="checkbox"/> Fax <input type="checkbox"/> Email	GL Credited to: <input type="checkbox"/> 12000000 – FRB <input type="checkbox"/> 11051500 – PCBB	Initiator: _____
Wire Transfer Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Funds Verified By: _____	Verifier: _____
Customer Contact Name: _____	OTE By: _____	Approved By: _____
Call Back By: _____	OFAC: _____	2 nd Approved By (if two approvals required): _____
Time of Call: _____		Date Sent: _____