

Payment Order Form



ST. KITTS-NEVIS-ANGUILLA NATIONAL BANK LIMITED

Member of Caribbean Association of Indigenous Banks

Day	Month	Year

Sender's Reference:
Value Date:
ECCB Code:

(For Bank Use Only)

Requested Transaction: International Wire International Draft Local Draft

*Ordering Customer Information

Name: _____
City: _____

Account # _____ DDA SAV
Address: _____
Country: _____

*Payment Information:

Transfer Amount : _____

Currency: _____

Requested Transaction:

SHA (transactions costs are shared) BEN (costs paid by beneficiary) OUR (costs paid by ordering customer)

*Beneficiary Bank Information

SWIFT Code / ABA / Routing / Sort Code / Transit: _____

Name: _____
City: _____

Address: _____
Country: _____

*Beneficiary Customer Information:

Account # : _____
Name: _____
City: _____

IBAN (Europe Only) _____
Address: _____
Country: _____

* COMMERCIAL REASON FOR PAYMENT:

Intermediary Bank Information

SWIFT Code / ABA / Routing / Sort Code / Transit: _____
Name: _____

City: _____

I authorize SKNANB to debit the above mentioned account number for amount transferred, plus charges. I understand that the message will be sent in cipher or otherwise at my/our risk in every respect and that neither **you** nor **your** correspondents will be liable for the consequences of any delay, mistake or omission in transmission or payment or any interception of the said message. **I understand that if all items marked with an asterisk (*) are not properly completed the transaction will not be completed.**

***Politically Exposed Person (PEP)** A Foreign PEP is a natural person who holds or has held an important public office in a foreign country, such as head of state, government or Member of Parliament. Immediate family members (the spouse or partner who is regarded under individual national law as the equivalent of a spouse, the children and their spouses or partners, and parents) as well as other close associates are also treated as Foreign PEPs.

With respect to the above definition: I declare that I am not a Foreign PEP. I declare that I am a Foreign PEP

***Beneficial owner** refers to the natural person(s) who ultimately owns or controls a customer and/or the person on whose behalf a transaction is being conducted. I hereby declare that I am / I am not the beneficial owner of the funds to be transmitted.

Authorized Customer Signature

Authorized Customer Signature

Date

(For Bank Use Only)

(For Bank Use Only)

Entered by:	
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Verified by:		
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INSTRUCTIONS

MANAGER'S CHEQUE AND INTERNATIONAL DRAFT

- Insert date in section at the top of the page.
- Insert a check (✓) mark in the appropriate box for International Draft or Local Draft for the instrument required.
- Complete the following in full:
 - Ordering Customer Information (Name and Complete Address)*
 - Payment information
 - Beneficiary Customer information (Name and Complete Address)*
 - Economic Reason For Payment
- Read the authorization paragraph and sign and date the form. (for accounts under dual control, two or more signatures are required on the form)

INTERNATIONAL WIRE TRANSFER

- Insert date in the section at the top of the page.
- Insert check (✓) mark in the appropriate box for International wire.
- Complete the following in full:
 - Ordering Customer Information (Name and Complete Address)*
 - Payment Information
 - Beneficiary Bank Information (Name and Complete Address)*
 - Beneficiary Customer Information (Name and Complete Address)*
(For transfers to Europe the IBAN must be provided)
 - Economic Reason for Payment
- Complete the Intermediary Bank Information if you are transferring via an intermediary bank.
- Indicate who will pay the transaction charges by inserting a check (✓) mark in the appropriate box in the Transaction Charges section.
- Read the authorization paragraph and sign and date the form. (for accounts under dual control, two signature are required on the form)

* **Name and Complete Address – Full Name and Physical Address of Individual or Company. Post Office Boxes are not acceptable.**