

The Manager
Agricultural Bank of Zimbabwe Limited

Date

..... Branch

Applicant's Full Name

Phone NumberE-mail

Applicant's ID Number.....Date of Birth.....Zimra Business Partner No.....

Physical Address

REF: REQUEST FOR TELEGRAPHIC TRANSFER [] DRAFT []

Debit Account Number																				
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Please transfer _____
(Amount in words)

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(Amount in figures)

Foreign Bank Charges: (Tick in the appropriate box below to show the party responsible for paying charges)

OUR (All charges to be borne by the sender) **SHA** (Charges to be shared by the sender and beneficiary)

Beneficiary's Details

Name _____ Physical Address & Phone No. _____

Account Number _____

Intermediary (Optional) _____

Bank _____

Branch Code _____

Swift Code _____ IBAN/Routing Number/Sort Code _____

Purpose of payment _____ Invoice Number _____

I/We declare that the information given by me/us is complete and correct.

AUTHORISED SIGNATURE

AUTHORISED SIGNATURE

FULL NAME

FULL NAME

FOR BANK USE ONLY

BRANCH		INTERNATIONAL BANKING	
Received (Date & Time).....		Received by	
Customer's Signature Verified		Transfer Processed by.....	
Available Balance (specify Currency & amount).....		Transfer Authorised by	
.....		Payment reference number.....	
Authorised Signatory 1		<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">International Banking Date Stamp</td> </tr> </table>	International Banking Date Stamp
International Banking Date Stamp			
Authorised Signatory 2			