



NATIONAL BANK OF SAMOA
TELEGRAPHIC TRANSFER / DRAFT APPLICATION

APPLICATION TYPE

(Circle application type)

Urgent

Ordinary

TERMS and CONDITIONS

National Bank of Samoa shall not undertake to have the proceeds of this transfer paid with same day value in the country of the beneficiary. National Bank of Samoa reserves the right to utilize the services of other banks for the purpose of giving effect to the applicant's instructions and does so for the account of and at the risk of the applicant. National Bank of Samoa will not be responsible for any errors or delays in transmission or delivery of message. Any overseas bank charges are for the account of the beneficiary.

Bank Use Only

MT103 X

MT110

SWIFT CODE / BIC ADDRESS	
SENDER:	
RECEIVER:	

F20:	SENDER REFERENCE:	
F23B:	BANK OPERATION CODE:	

F32A:	VALUE DATE/CCY/ INTERBANK SETTLED AMOUNT		
	Value Date:		
	CCY/AMT	USD	\$

F33B:	CURRENCY/INSTRUCTED AMOUNT		
	CCY/AMT	USD	\$

F50K:	ORDERING CUSTOMER -FULL NAME & ADDRESS	
	Full Name	
	Full Residential Address:	
	Contact No:	

F52A:	Ordering Institution - BIC:	
F53A:	Sender's Correspondent BIC:	
F54A:	Receiver's Correspondent BIC:	
F56A:	Intermediary Institution BIC:	

COVER Number	
Date:	
Ref No: TT/DFT	
FGN CCY/AMT:	USD \$
Exc Rate: Auth?	
WST CCY:	\$
Swift Cost	\$
TOTAL WST	\$

	Name	Signature
Prepared by:	LUAUPU	
Checked by:	AIMAASU	
Authorised by:	LESLIE	

PAID BY :	<i>(Note: Check available funds?)</i>	
CASH		
CHEQUE		
ACCOUNT		
MT202 Required?	Yes	No
	<i>(Circle Yes or No)</i>	
Receiving institution BIC:		
F52A:	Ordering Institution - BIC:	
F56A:	Intermediary Institution BIC:	
F57A:	Account with Institution BIC:	
F58A:	Beneficiary Institution BIC:	

F57A:	ACCOUNT WITH INSTITUTION - FULL NAME & ADDRESS	
	Bank / Address:	SUMITOTO MITSUI BANKING CORPORATION 2-18-24,NISHIKI NAKA-KU,NAGOYA,JAPAN460003- NAGOYA.
	BSB/ABN/IBAN/ABA Routing No.:	
	Swift Code:	SMBCJPJT

F59:	BENEFICIARY CUSTOMER - FULL NAME & ADDRESS	
	Account Number:	2023728
	Full Name:	MANGO JAPAN LTD
	Full Residential Address:	NAGOYA ,JAPAN
	Contact No:	

F70:	INSTRUCTIONS TO RECEIVING BANK / PAYMENT DETAILS / REFERENCE	
	INVOICE#50303	

F71A:	DETAILS OF CHARGES <i>(tick one, OUR or SHA)</i>	OUR <input type="checkbox"/>	OR	SHA <input checked="" type="checkbox"/>
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APPLICANT'S SIGNATURE:		Date:	
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AML Compliance Checklist <i>(Circle Yes or No. For Bank Use only)</i>		HAVE YOU
1	Properly identified the customer? Obtain relevant identification documents	Yes/No
2	Checked the names of applicants & beneficiaries against sanctioned /black lists?	Yes/No
3	Obtained all required details for the customer, beneficiary and corresponding bank as required?	Yes/No
4	Obtained the necessary approval if transaction is above authorised limit/delegated authority?	Yes/No
5	Obtained CBS approval if transaction is not within banks authorised limit/requirements?	Yes/No
6	Sighted relevant invoices or other supporting documents?	Yes/No
7	Checked to confirm cleared funds before processing payment?	Yes/No

Checking Officer's Name:		Signature:		Date:	
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