**REQUEST FOR OUTWARD TRANSFER / ΑΙΤΗΣΗ ΓΙΑ ΕΞΕΡΧΟΜΕΝΟ ΕΜΒΑΣΜΑ**

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| Date/Hμερ.: |  | |
| To: THE CYPRUS DEVELOPMENT BANK PUBLIC COMPANY LTD/  Προς: ΚΥΠΡΙΑΚΗ ΤΡΑΠΕΖΑ ΑΝΑΠΤΥΞΕΩΣ ΔΗΜΟΣΙΑ ΕΤΑΙΡΕΙΑ ΛΤΔ | | Branch/Κατάστημα: |

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| **ORDERING CUSTOMER DETAILS / ΣΤΟΙΧΕΙΑ ΠΕΛΑΤΗ-ΕΝΤΟΛΕΑ** | Νame / Όνομα | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Number (or ΙΒΑΝ) to be debited /  Αρ. Λογαριασμού (ή ΙΒΑΝ) που θα χρεωθεί | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PAYMENT ORDER DETAILS / ΣΤΟIΧΕΙΑ ΕΜΒΑΣΜΑΤΟΣ** | Payment Currency /  Νόμισμα Εμβάσματος | | | | | | | | | | |  | | | | | | | Payment Amount /  Ποσό Εμβάσματος | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Payment Amount in words /  Ποσό Εμβάσματος ολογράφως | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Value Date / Ημερομηνία Αξίας | | | | | | | | | | | | | | | SPOT Next Day/Επόμενη Ημέρα Same Day/ Ίδια Ημέρα | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Charges / Έξοδα **\*** | | | | | | | | | | | | | | | BEN / Δικαιούχος OUR / Εντολέας SHA / Αμφότεροι | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *\* For SEPA Payments, charge type is always SHA. / Για πληρωμές SEPA, ο τύπος εξόδων είναι πάντοτε SHA.*  *Charge type BEN is only allowed for payments outside Cyprus & European Economic Area (EEA) country, in any currency. / Ο τύπος εξόδων BEN επιτρέπεται μόνο για πληρωμές εκτός Κύπρου και χωρών Ευρωπαϊκού Οικονομικού Χώρου (ΕΟΧ), σε οποιοδήποτε νόμισμα.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BENEFICIARY DETAILS / ΣΤΟΙΧΕΙΑ ΔΙΚΑΙΟΥΧΟΥ** | Account No./IBAN / Αρ. Λογαριασμού / ΙΒΑΝ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Νame / Όνομα | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address / Διεύθυνση | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country / Χώρα | | | | | | | | | | | |  | | | | | | | | | | City / Πόλη | | | | | | | |  | | | | | | |
| **BENEFICIARY’S BANK / ΤΡΑΠΕΖΑ ΔΙΚΑΙΟΥΧΟΥ** | Name / Όνομα | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SWIFT/BIC Code | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Sort Code / Fedwire / Routing (if applicable / όπου εφαρμόζεται) | | | | | | | | | | | | |  | | | | | | |
| **INTERMEDIARY BANK / ΕΝΔΙΑΜΕΣΗ ΤΡΑΠΕΖΑ** | Name / Όνομα | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SWIFT/BIC Code | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account with Beneficiary Bank (if applicable) /  Λογαριασμός με την Τράπεζα του Δικαιούχου (όπου εφαρμόζεται) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Payment Details / Λεπτομέρειες Πληρωμής | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Instructions / Επιπρόσθετες Oδηγίες | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Payments in Russian Rubbles ONLY / Αφορά Πληρωμές σε Ρωσσικά Ρούβλια ΜΟΝΟ** | | | | | | | | | | BIK | | | | | | | | | |  | | | | | | | | | | | | | INN | | | | | | |  | | | | | | | | | |
| V.O. CODE | | | | | | | | | |  | | | | | | | | | | | | | CORR. A/C | | | | | | |  | | | | | | | | | |

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| **Customer’s Signature / Υπογραφή Πελάτη** | **…………………………………………………….………………………………………….** |
| **Customer’s Name / Όνομα Πελάτη** | **…………………………………………………….………………………………………….** |

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| **FOR INTERNAL USE** | | | | **CALL BACK PROCEDURE** | |
| Supporting documentation required |  | Signature Verification: |  | Call back number: |  |
| Fax Indemnity |  | Call back performed with: |  |
| Normal course of business |  | AML check performed |  | Date: |  |
| Payment should be effected: |  | Country code in accordance with Bank’s Customer Acceptance Policy |  | Time: |  |
| Availability of funds: |  | Call back  performed by: |  |
| Special charges: |  |
| Prepared by: |  | | |  | |
| Approved by: |  | | |  | |