



Scotiabank

OUTGOING PAYMENT TRANSFER

DATE
August 8, 2019

T O	BRANCH/AGENCY/CORRESPONDENT		TEST No.	CURRENCY USD	AMOUNT 3000.00
	ADDRESS		TRANSIT NUMBER 88815	SELLING RATE @ =	
PLEASE PAY	20 SENDER'S REFERENCE NUMBER	21 RELATED REFERENCE	23 BANK OPERATION CODE/ INSTRUCTION CODE	FOR BANK USE ONLY	
				SETTLING RATE	SETTLING AMOUNT

FOR CUSTOMER USE			
32	VALUE DATE (YYYY/MM/DD) 2019/08/08	CURRENCY USD	AMOUNT 3000.00
50	ORDERING CUSTOMER		
	FULL NAME	Steven Barrie	
	FULL ADDRESS	6 Silver Palms Crescent Grand Cayman	
	ACCOUNT NUMBER	USD -	
52	ORDERING INSTITUTION Scotiabank & Trust (Cayman) Ltd. 6 Cardinal Ave, P.O. Box 501 Grand Cayman, Cayman Islands KY1 1106		
53	SENDER'S CORRESPONDENT		
54	RECEIVER'S CORRESPONDENT		
56	INTERMEDIARY INSTITUTION		
57	ACCOUNT WITH INSTITUTION		
58	BENEFICIARY INSTITUTION MUFG Bank, Ltd. Fushimi, Kyoto, Japan 276 Furoya-cho, Fushimi-ku, Kyoto, Japan 612-8058 SWIFT: BOTKJPJT		
59	BENEFICIARY CUSTOMER, FULL NAME, FULL ADDRESS		
	FULL NAME	IBC Japan Ltd.	
	FULL ADDRESS	64 Miyanomae-cho Nakajima Fushimi-ku, Kyoto 612-8457, Japan	
	BENEFICIARY ACCOUNT NUMBER	0016838	
70	REMITTANCE INFORMATION		
71	DETAILS OF CHARGES		
72	SENDER TO RECEIVER INFORMATION Order No.190807228865		

FOREIGN EXCHANGE
GL # 7301960

COMMISSION
GL # 7245866

CHARGES TELEGRAPH
TOLLS RECOVERED GL #
6429866

OTHER
GL #

TOTAL
CUSTOMER CHARGES

20.00

3020.00

"WE", "US", "OUR", "THE BANK" AND "SCOTIABANK" MEANS, THE BANK OF NOVA SCOTIA AND ITS SUBSIDIARIES AND AFFILIATES, AS APPLICABLE. "SCOTIABANK GROUP" MEANS COLLECTIVELY, THE BANK OF NOVA SCOTIA AND ALL OF ITS SUBSIDIARIES AND AFFILIATES.

"YOU" AND "YOUR" MEANS THE ORDERING CUSTOMER.

YOU MUST PROVIDE US WITH YOUR AND THE BENEFICIARY CUSTOMER'S COMPLETE NAME, ADDRESS AND ACCOUNT NUMBER. PROVIDING FULL DETAILS AND CORRECT ACCOUNT NUMBERS AVOIDS DELAYS AND CHARGES BY THE INTERMEDIARY/BENEFICIARY BANK. CERTAIN COUNTRIES AND REGIONS REQUIRE YOU TO PROVIDE YOUR AND/OR THE BENEFICIARY'S ACCOUNT NUMBER.

PAYMENT TRANSFERS DESTINED TO COUNTRIES THAT ARE PART OF THE EUROPEAN ECONOMIC UNION MUST ALSO INCLUDE THE BENEFICIARY CUSTOMER'S INTERNATIONAL BANK ACCOUNT NUMBER (IBAN) IN THE ACCOUNT NUMBER FIELD. FOR PAYMENT TRANSFERS DESTINED TO OR WITHIN THE UNITED STATES YOU MUST ENSURE YOU HAVE PROVIDED US WITH THE CORRECT BENEFICIARY ACCOUNT NUMBER AS THE ACCOUNT NUMBER TAKES PRECEDENCE OVER THE BENEFICIARY NAME.

WE WILL NOT BE RESPONSIBLE FOR ANY DELAYS, ERRORS OR LOSSES YOU OR ANY ENTITY MAY SUFFER AS A RESULT OF THE DELIVERY MECHANISM USED TO PROCESS THIS PAYMENT TRANSFER. ADDITIONAL FEES MAY BE DEDUCTED FROM THE PAYMENT TRANSFER BY THE CORRESPONDENT AND BENEFICIARY BANK.

IF THE PAYMENT TRANSFER IS NOT COMPLETED FOR ANY REASON WHATSOEVER, WE WILL REFUND YOU THE ORIGINAL PAYMENT TRANSFER AMOUNT, LESS ANY EXPENSES AND LOSSES (IF ANY) AND RISKS FROM EXCHANGE RATE FLUCTUATIONS. UPON RECEIPT OF THE RETURNED PAYMENT TRANSFER FROM OUR AGENT OR CORRESPONDENT BANK. THE ORIGINAL PAYMENT TRANSFER FEES ARE NON-REFUNDABLE.

YOU CONSENT AND AUTHORIZE US TO OBTAIN, USE, GIVE TO, VERIFY, SHARE AND EXCHANGE INFORMATION ABOUT YOU WITH OUR SERVICE PROVIDERS AND ANY OTHER PERSON(S) AS MAY BE PERMITTED OR REQUIRED BY LAW.

YOU ALSO CONSENT AND AUTHORIZE US TO DISCLOSE INFORMATION ABOUT YOU TO THIRD PARTIES WHERE SUCH DISCLOSURE IS: (A) IN OUR DISCRETION, NECESSARY OR DESIRABLE WHETHER TO PROTECT OUR INTERESTS, OR OTHERWISE, (B) REQUIRED IN ORDER TO COMPLY WITH ANY DISCLOSURE REQUIREMENTS IMPOSED BY LAW, REGULATION, COURT, GOVERNMENTAL AGENCY OR AUTHORITY OR GOVERNMENTAL DEPARTMENT, OR (C) IN ORDER TO PREVENT OR DETECT CRIMINAL ACTIVITY, MANAGE AND SETTLE ANY ACTUAL OR POTENTIAL LOSS IN CONNECTION WITH FRAUD OR CRIMINAL ACTIVITY, FACILITATE AN INVESTIGATION OF OR PROSECUTION FOR FRAUD, MONEY LAUNDERING OR ANY OTHER CRIMINAL ACTIVITY. YOU ALSO CONSENT AND AUTHORIZE US TO SHARE YOUR INFORMATION WITHIN THE SCOTIABANK GROUP OF COMPANIES.

WE MAY USE THIRD PARTY SERVICE PROVIDERS TO PROCESS THIS PAYMENT TRANSFER FOR US. SOME OF OUR SERVICE PROVIDERS ARE LOCATED OUTSIDE THE COUNTRY WHERE THE PAYMENT TRANSFER REQUEST ORIGINATED AND THESE SERVICE PROVIDERS ARE SUBJECT TO FOREIGN LEGISLATION. YOU UNDERSTAND AND ACKNOWLEDGE THAT LAW ENFORCEMENT AUTHORITIES AND/OR GOVERNMENTAL AUTHORITIES IN THESE JURISDICTIONS MAY, UNDER APPLICABLE LEGISLATION, ACCESS THE INFORMATION AND DATA CONTAINED IN THIS FORM AND IN EFFECTING SUCH DISCLOSURES NEITHER WE, OR ANY OF OUR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES OR AGENTS SHALL IN ANY WAY BE LIABLE TO YOU FOR THE BREACH OF ANY PRIVACY, SECRECY OR CONFIDENTIALITY PROVISIONS OF ANY LAWS OR REGULATIONS IN YOUR COUNTRY OR ELSEWHERE. YOU AGREE TO INDEMNIFY US AND OUR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES OR AGENTS AGAINST ANY AND ALL LOSSES, COSTS, EXPENSES, ACTIONS, PROCEEDINGS, CLAIMS, DAMAGES OR OTHER LIABILITIES (INCLUDING LEGAL FEES AND EXPENSES) ARISING DIRECTLY OR INDIRECTLY, BY REASON OF SUCH DISCLOSURES BY US OR ANY OF OUR RESPECTIVE AGENTS, SUCH INDEMNITY BEING IN ADDITION TO ANY INDEMNITY WHICH MAY BE AVAILABLE AT LAW.

CUSTOMER SIGNATURE 	PHONE NUMBER 926-8688		
BANK LEGAL NAME Scotiabank & Trust (Cayman) Ltd.	PREPARED BY	CHECKED BY	AUTHORIZED BY
BRANCH ADDRESS 6 Cardinal Avenue, Grand Cayman, Cayman Islands			
FOR BANK USE ONLY Call back required <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, Customer contacted	Date	Time
	Management Officer	Signing Number	