

Please fill in using BLOCK Letters.
Please "✓" where applicable.
* Indicates mandatory information to be provided



Date: 30 10 2019

IP MO CO 30271
21/06/2014
23/06/2024

A Applicant's (Remitter) Information

Name of Applicant * JOB KIHARA MARGITA

Your Reference No. 21/06/2014
23/06/2024

Debit A/C No. * USD Account Currency * USD Account No. * 8700107304600

Charges Debit A/C No. * USD Account Currency * USD Account No. * 8700107304

Please ✓ if this is the same as Debit account

B Remittance Amount

Please enter Currency of Remittance and amount to be remitted or equivalent currency amount to be converted

Currency of Remittance * USD

In Words
Four thousand three hundred and seventy five dollars

Amount to be Remitted * USD Amount * 4375

Charge Type * SHA - Local charges borne by remitter & overseas by beneficiary
 OUR - All local and overseas charges borne by remitter
 BEN - All local and overseas charges borne by beneficiary

Value Date * 30 10 2019

FX Contract Details
If deal is booked in advance

Deal No. _____
FX Rate _____
Dealer's Name _____

C Recipient's (Beneficiary) Information

Account No. / IBAN * 0016838

Account Name & Address * IBC JAPAN LTD

Recipient's Bank Details

Bank Name * MUFU BANK, LTD

276 Furuya-cho

Country * JAPAN

Fushimi-ku, Kyoto Japan

SWIFT / Clearing Code * BOTKJPJT

612-8058

Address 276 Furuya-cho, Fushimi-ku
Kyoto JAPAN 612-8058

Country * JAPAN

D Intermediary Bank Information (Optional)

Bank Name _____

Country _____

Address _____

SWIFT / Clearing Code _____

Customer not in person
Customers Sign [Signature]
Details of Bank official receiving
Name BERTY CRAWLEY
Signature [Signature]
Date 30/10/19
SOC 00172

E Payment Details (e.g. Invoice, Reference, etc...)

6756711 Date 30th Oct 2019

F Purpose of Remittance *

Vehicle UNIT NZT 260-3116256

The Purpose of Remittance field must be properly completed if the recipient's bank is located in certain countries (e.g. China (for CNY), India, Jordan, Malaysia's "Pakistani" and Thailand)

G Applicant's Signature

[Signature]

Applicant represents and warrants that the information furnished in this remittance application is accurate and, to best of Applicant's knowledge, complete. Application to be submitted in jurisdiction of Applicant's account.

Applicant shall bear any and all losses resulting from duplicate remittance applications.

Applicant should submit a remittance application for each separate remittance. This form is not intended for use as a standing application for recurring remittances.

Applicant agrees to be bound by the Remittance Service Terms accompanying the form and/or available at the Bank's website (<https://www.sc.com/ke/help-centre/download-centre.html>).

To help us serve you better, we recommend usage of our electronic channels. Thank you for banking with Standard Chartered.

H For Internal Use Only

Payment Reference _____

RECEIVED
CASHIER
1 OCT 2019
STANDARD CHARTERED BANK KENYA LTD
100, MARKET STREET, NAIROBI
KENYA

Checks at the Counter			
Signature in Original *	Passport / ID checked (for delivery in person)	Staff ID	Signature
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>1305103</u>	<u>[Signature]</u>

	Checked	Staff ID	Signature
Signature & Mandate verification	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>1305103</u>	<u>[Signature]</u>

Please tick-mark in appropriate check-box as applicable
* Mandatory to check if signature is in Original