



### APPLICATION FOR TRANSFER OF FUNDS

**41-06 Main Street, Flushing, NY 11355**  
 Tel: (718) 463-3600, Fax: (718) 359-8345  
**86-26 Broadway, Elmhurst, NY 11373**  
 Tel: (718) 505-0005, Fax: (718) 505-1755

**4601 NW 72nd Avenue, Miami, FL 33166**  
 Tel: (305) 716-9000, Fax: (305) 716-9721  
**501 NE 167th St., N. Miami Bch. FL 33162**  
 Tel: (305) 770-1925, Fax: (305) 770-1952

Date: \_\_\_\_\_

Beneficiary Bank Name / Id. (ABA#):  Address:  Account / SWIFT / CHIPS No.:	Name of Applicant:  Address:
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Amount of Transfer in Words: \_\_\_\_\_ Amount of Transfer: \_\_\_\_\_  
 US\$

Beneficiary Name:  Address and Telephone No.:  Account No.:	Payment by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit Account No.: _____  Special Instructions:
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Intermediary Bank Name:  Address:  Account / SWIFT / CHIPS No.:	The undersigned hereby agrees to the conditions set forth on this application.  Applicant's signature:  _____ Name: Title:
Test Code: _____	

Amerasia Bank herein acting as a remitting bank will effect the remittance as requested herein in the normal course of business without responsibility on its part for any loss that may arise in consequence of errors or delays in the transmission of the relative message by the Applicant, Intermediary or Payee Banks, or for any other cause beyond its control. Fees assessed by any Intermediary and Payee Banks are not included in our charges.

**For Bank Use Only**

Amount of Wire .... \$ \_\_\_\_\_ Charge .... \$ \_\_\_\_\_ Total Received ..... \$ \_\_\_\_\_

Application Received by:  <small>Date/Time</small>	Test Code Verified by:	Signature Verified by:	Ref No.:  OWT # _____
OFAC Checked by:	Application Approved by:	Fund Transfer Entered by:	Fund Transfer Verified / Approved by: