

Application for Domestic Remittance (Facsimile)

国内送金依頼書 (ファクシミリ)

To: State Bank of India Tokyo Branch
 インドステイト銀行 東京支店 御中

Date: 日付

Please effect the domestic remittance as specified below.

下記の通り、国内送金の取り組みを行ってください。

| | | | |
|---|---|---|--|
| MODE OF PAYMENT 支払の形式 | <input type="checkbox"/> CASH 現金 <input type="checkbox"/> CHARGE MY A/C NO. 私の口座に請求 _____ | | |
| Amount of remittance | Currency 通貨 | Amount 金額 | |
| | Commission 手数料 | | |
| Total amount payable 総支払金額 | | | |
| Payee 受取人 (Beneficiary) <i>(*Please give in katakana also as registered in bank, for quick processing)</i> | Name * 氏名 | | |
| | Address 住所 | | |
| | Tele.No. | | |
| | Kind of A/C 口座の種類 | <input type="checkbox"/> Savings 普通 <input type="checkbox"/> Current 当座 | |
| | A/C No. 口座番号 | | |
| Payee's Bank 受取人銀行 | Name 銀行名 | Branch 支店 | |
| Applicant 申込人 | Name 氏名 | Tel 電話番号 | |
| | Address 住所 | Seal/Signature 印鑑/署名 | |
| Representative 代表者 | Name 氏名 | Tel 電話番号 | |
| | Address 住所 | Seal/Signature 印鑑/署名 | |
| | Relation with applicant 申込人との関係 | | |

Office Use only

| | | | | | |
|---------------------------------|---------------------|--|--------------------|--|------------------|
| DATE OF REMITTANCE | | | BANK REF. NO. | | |
| Customer Identification (CI) | Document identified | | Made by | | Officer verified |
| Checking CI by mail | CI document | | Date document sent | | |
| Supplementary document | | | | | |
| Checking banned list | Made by | | Officer verified | | |
| Application received by | | | Officer verified | | |