calforex
FOREIGN CURRENCY SERVICES

BRANCH: ( )   **DATE:** _____   **Number:** _____

ORDERING CLIENT

Company Name (If applicable)	I.D. 1 : Type Number Issuer
Company Address (If applicable)	D.O.B.
Clients Family Name Given Name	Occupation/Nature of Business
Clients Home Address Apt.	Telephone Number (home)
City Prov / State Postal code / Zip	Telephone Number (work)

Currency : [ ]   **Amount :** $ [ ]

FINAL Beneficiary Name
(the party the ordering client wants to receive the funds)

Street Address

City, Prov / State Country

City	Prov/State	Country	*Zip / Postal Code

Account with (the Bank wher   **Bank Name**

the FINAL beneficiary holds   **Bank Address**

his or her account)   **City, Prov / State Co**

City	Prov/State	Country	*Zip / Postal Code

(No P.O. Box numbers please)

Bank Identification Number

(ABA # or Routing # or Swift # if Bank is in United States

Swift # is mandatory if bank is in a country other than USA/Canada/U.K.

Sort code is mandatory if the bank is in the United Kingdom)

Beneficiary Account Number / IBAN for Euro

(This is the account number for the FINAL Beneficiary)

Intermediary Bank

(If applicable) *

Please bear in mind this slot is for wires sent through an intermediary bank
Provide bank name, address, city, country, bank identification and account number if applicable
Customers should provide this information if available.

Additional Information

(If applicable) *

Please bear in mind this slot is for ALL other informatio
including the "by order" party.

Explanation for Purpose of
Wire/Source of funds
(please provide details)

Calforex relies upon the information provided by the client to be accurate.
Calforex will not be held liable for delays or losses caused by incorrect/incomplete information provided by the client.

Customer Signature: _____

All fields are mandatory unless stated otherwise

Verified by: _____