CSD-WRN

AIX CSD Ltd. CASH TRANSFER FORM	
NO. _____, DATE ___/___/_____ (DD/MM/YYYY)	
GENERAL INFORMATION	
Participant's Full Name	
Amount	
Currency	
BANK ACCOUNT DETAILS	
Beneficiary	
Business Identification Number (if applicable)	
Beneficiary's Bank	
Beneficiary's Account Number (IBAN)	
SWIFT Code	
Additional Information (if applicable)	
CORRESPONDENT BANK (if applicable)	
Correspondent Bank Name	
Correspondent Bank SWIFT	
Correspondent Account Number	
Additional Information (if applicable)	

Authorised Person	**Authorised Person (Second signatory, if applicable)**
(First Name, Last Name)	(First Name, Last Name)
(Position) _____ Signature, Stamp	(Position) _____ Signature