

LOAN DRAWDOWN REQUEST

Please complete all fields in this form by selecting the required option for each drawdown request to withdraw funds from your APS Bank Loan Account.

Date: DD/MM/YYYY

BORROWER(S) DETAILS

Name of Borrower(s): _____

ID No.(s)/Company Registration No.: _____

LOAN DRAWDOWN DETAILS (Kindly attach a copy of the Invoice in PDF or JPG format)

Loan Account to Debit: _____

Drawdown Amount: _____

Beneficiary Name: _____

Beneficiary VAT Number: _____

Description of Payment: _____

PAYMENT INSTRUCTION (Tick preferred option)

Pay to own account: (This option is only available for drawdowns up to a maximum of €2,000. A fiscal receipt must be provided. The service account will be credited.)

Pay by Bank Draft - To be posted (All Bank Drafts will be posted to the Correspondence Address provided)

Pay by Bank Transfer: (Please note that payment charges for Bank Transfers will be charged to the service account as per bank's tariff of charges.)

IBAN number: (SEPA only) _____

Account number: (NON SEPA only) _____

National Country ID: (NON SEPA only) _____

Beneficiary Bank Swift Code: (Charges : SHA) _____

Beneficiary Bank Name: _____

Beneficiary Address Building/House/Apartment No.: _____

Street: _____

City: _____

Post Code: _____

Country: _____

Same Day Value Payment: (Additional fees applicable as per Bank's tariff of charges)

DECLARATION

I/We confirm that the above details are true and correct, in line with the instructions originally submitted at loan opening stage and request you to withdraw funds from my/our APS Bank Loan account.

Kindly effect the payment instruction as indicated above. You are hereby authorised to DEBIT my account with the local currency equivalent converted at the prevailing rate of exchange or my same currency account (plus Bank charges), if applicable. I confirm that I am aware that Intermediary and Beneficiary charges may also be levied by a third party, and therefore the Bank will not be in a position to know beforehand the exact amount of charges to be applied.

I hereby confirm that I have read, understood and accepted the entire **Terms & Conditions, Fee Information Document and Tariff of Charges** governing the requested service. I also acknowledge that when needed, I can collect a copy of the relevant **Terms and Conditions, Data Privacy Policy, Fee Information Document and Tariff of Charges** from any APS Branch, which are also available from the Bank's website apsbank.com.mt/terms-and-conditions.

Date: _____

Signature: (Not required if submission is done using myAPS)

Name & Surname: _____

ID/Passport No.: _____

Date: _____

Signature: (Not required if submission is done using myAPS)

Name & Surname: _____

ID/Passport No.: _____

FOR OFFICE
USE ONLY

OTC In Person

OTC Third Party

Name & Surname: _____

Mail

Other

ID No.: _____

Email

Authorised by Bank Official/ Relationship Manager: _____

