

# APPLICATION FOR OUTWARD FUNDS TRANSFER

Date:   
Branch:

Same Day Value: ☐  
Instant Payment: ☐

## ORDERING CUSTOMER DETAILS

Name:

IBAN:  Currency:  Amount:  Charges: SHA

## BENEFICIARY BANK DETAILS

SWIFT Code (BIC Code):  
Not mandatory for SEPA payments

National Country ID.: (if required) :

Bank Name:

Country:

## BENEFICIARY CUSTOMER DETAILS

Full Name and Surname/s:

Address:  Building/Office No.:  Street:

City:  Post Code:  Country:

IBAN/Account Number:

## DETAILS OF PAYMENT (e.g. Invoice No)

## PURPOSE OF PAYMENT (e.g. Purchase of machinery)

Form sent through myAPS secure message

Pursuant to applicable regulatory requirements, the Bank shall provide a service to verify the identity of the payee designated by the payer, to whom the payer intends to initiate a credit transfer, at the time the payment instruction is received, provided that the payment instruction form is submitted in person at a branch. Where the payment instruction is received via a secure electronic message and the payer is not physically present at the branch, verification of the payee shall not be required and shall not be conducted.

Kindly effect a telegraphic transfer 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). 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 products and services. I also acknowledge that when needed, I can collect a copy of the relevant **Terms & 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](https://apsbank.com.mt/terms-and-conditions).

ID/Passport No.

Customer Name/s

Signature/s

FOR OFFICE  
USE ONLY

Request Received:

☐ OTC in Person

☐ Mail

☐ Third Party Authorised

Date

Time

Date

Time

Special Rate (if required):

Deal Number:

☐ VOP performed

☐ Balanced checked / Excess Authorised

☐ Signature/s Confirmed

☐ IBS Message

Authorised by Relationship Manager/  
Senior Officer



APS Bank plc is regulated by the Malta Financial Services Authority as a Credit Institution under the Banking Act 1994 and to carry out Investment Services activities under the Investment Services Act 1994. The Bank is also registered as a Tied Insurance Intermediary under the Insurance Distribution Act 2018.