

# APPLICATION FOR REMITTANCE/ 汇款申请表

To: Raffles Money Change Pte Ltd

24 RAFFLES PLACE #20-03 CLIFFORD CENTRE SINGAPORE 048621

Operating Hours: Mon-Fri 9:15am-5:00pm

CO.REGN NO.: 199004593H

Sat 9:15am-1:00pm

Tel: 65380080/65366800

Fax: 65334800

Email: enquiries@raffles1.net

APPLICATION FOR 申请类型	SETTLEMENT 支付
<input type="checkbox"/> DRAFT 银行汇票 <input type="checkbox"/> REMITTANCE 汇款	<input type="checkbox"/> CASH 现金 <input type="checkbox"/> CASH CHEQUE 现金支票 CHEQUE NO. 支票号码: _____ BANK IN 存款户口: _____

APPLICANT'S DETAILS 汇款人资料	
NAME OF SENDER/COMPANY: 汇款人姓名/公司名称	
SENDER'S ADDRESS: 汇款人地址	OCCUPATION/NATURE OF BUSINESS 职业/业务性质
NATIONALITY 国籍	ROC NO. 公司登记号
NAME OF CONTACT PERSON 联络人	IC/PASSPORT NO: 身份证/护照号码
	DATE OF BIRTH: 出生日期
TEL/MOBILE: 电话号码	FAX NO: 传真号码

BENEFICIARY'S DETAILS 收款人资料	
NAME OF BENEFICIARY 收款人姓名	
ADDRESS OF BENEFICIARY 收款人地址	
BANK/ADD For CNY Remittance, please state the bank branch or sub-branch For BRI unit (IDR) please state the branch and unit  银行/地址 (人民币汇款请写明开户行-分行, 支行或分理处)	ACCOUNT NO: 户口号码

CORRESPONDENCE/ INTERMEDIARY BANK 中介银行
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<b>PAYMENT DETAILS/ PURPOSE OF REMITTANCE 付款细节/ 汇款用途</b> <input type="checkbox"/> Family Maintenance (生活费) <input type="checkbox"/> Savings / Investment (储蓄/投资) <input type="checkbox"/> Purchase of Property (购买物业) <input type="checkbox"/> Personal Expenses (个人开支) <input type="checkbox"/> Charitable Donation (慈善捐赠) <input type="checkbox"/> Gift (礼品) <input type="checkbox"/> Business Payment /Purpose (商业付款/用途) <input type="checkbox"/> Others (其他)	<b>SOURCE OF FUNDS 资金来源</b> <input type="checkbox"/> Salary (工资) <input type="checkbox"/> Liquidation of Investment (投资清算) <input type="checkbox"/> Inheritance (遗产) <input type="checkbox"/> Company Operation Fund (公司营运资金) <input type="checkbox"/> Savings (储蓄) <input type="checkbox"/> Sales of Property (物业销售) <input type="checkbox"/> Loans (贷款) <input type="checkbox"/> Others (其他)
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AMOUNT DETAILS 数目总结				
CURRENCY: 外币	AMOUNT: 数额	RATE: 汇率	CHARGES: 手续费	SGD AMOUNT (Incl Charges) : 新币

YOUR DECLARATION & SIGNATURE 汇款人宣言及签名	
The above information is correct. I/We will notify you if there is any change to the information above.	
_____ Signature(s) & Company Stamp (If Applicable) 签名和公司盖章 (若有)	_____ Date 日期
<b>For my/ our account and risk without any responsibility or liability to yours and subject to the conditions which I/we have read and understood, please effect this transaction as detailed above.</b>	
<b>Note :</b> Remittances will be effected the following business day if payment is received after 1pm. Neither the company nor any of its correspondents or agents shall be liable in the event of any delays, mistakes or omissions in the transmission of the message or from its misinterpretation when received.	

OUR CUSTOMER'S ACCOUNTS : DBS : 048-019614-4    MAYBANK : 0-401-10-0518-2    OCBC : 501-513-246-001  
 (The above account numbers are for direct cash transfer into our customer's current account via ATM, Internet banking or bank's cashiers)