



(PLEASE COMPLETE IN BLOCK LETTERS & WHERE REQUIRED, PLACE A CHECK MARK (✓) IN THE BOXES TO INDICATE YOUR SELECTIONS)

RECEIVED AT: BRANCH [X]V/FORT []SOUFRIERE []G/ISLET []W/FRONT []B/STREET DATE (DD/MM/YY) 05 JAN 2009

TRANSACTION REQUESTED [X] WIRE TRANSFER [] DRAFT [] INTER-BANK SETTLEMENT [] MANAGER'S CHEQUE

50. ORDERING CUSTOMER'S INFORMATION BOSL customers: Use line 1 if both ordering amount & fees are to be debited from the same account. Use line 1 if ordering amount is to be debited from one account & use line 2 if fees are to be debited from a separate account.

CUSTOMER'S ACCOUNT #: 123456789 (LINE 1) 987654321 (LINE 2)
CUSTOMER'S NAME: VAL HUED CUSTOMER
CUSTOMER'S STREET ADDRESS: #1 SAMPLE LANE, SAMPLE COMMUNITY
CUSTOMER'S CITY/TOWN/VILLAGE: CASTRIES
CUSTOMER'S COUNTRY: SAINT LUCIA
CUSTOMER'S CONTACT #: (758) 123-4567 (HOME) (758) 987-6543 (WORK) (758) 345-6789 (MOBILE)

PAYMENT INFORMATION ORDERING AMOUNT (figures) \$ 1,679.24 ORDERING CURRENCY USD
(One thousand six hundred seventy-nine & 24/100 dollars)

METHOD OF PAYMENT [] CHEQUE [X] DEBIT MY ACCOUNT [] CASH

CHARGES TRANSACTION [] BEN (All transaction costs are borne by the beneficiary) [X] SHA (The transaction costs are shared)
[] OUR (All transaction costs are borne by the ordering customer)

57. BENEFICIARY BANK INFORMATION Please complete only if a wire transfer or interbank settlement is requested. BIC/ ABA/ IBAN/ Transit Number is required only for wire transfers.

BIC/ ABA / IBAN/ TRANSIT NUMBER CHASUS33
BANK'S NAME: JP MORGAN CHASE BANK
BANK'S STREET ADDRESS: #1 CHASE PLAZA, NY 10081
BANK'S CITY: NEW YORK
BANK'S COUNTRY: USA

59. BENEFICIARY CUSTOMER INFORMATION This section is compulsory for all requests. Customer's Account # is required for wire transfers & interbank settlements.

CUSTOMER'S ACCOUNT #: 1234 5678 9654
CUSTOMER'S NAME: ANON IMUS COMPANY
CUSTOMER'S STREET ADDRESS: 36520 NY, 85TH AVENUE LANE 205
CUSTOMER'S CITY/TOWN/VILLAGE: NEW YORK
CUSTOMER'S COUNTRY: USA

70. REMITTANCE INFORMATION/PURPOSE This section is compulsory for all requests. Please ensure that the information/purpose provided here is explicit but concise.
PAYMENT OF INVOICE NUMBERS 22356, 23584, 65847, AND 26589

56. INTERMEDIARY BANK INFORMATION Please complete only if applicable to your wire transfer.

BIC/ ABA / IBAN/ TRANSIT NUMBER COMPLETE IF APPLICABLE
BANK'S NAME: COMPLETE IF APPLICABLE
BANK'S CITY: COMPLETE IF APPLICABLE

Kindly debit the above-mentioned account number(s) for any amount(s) transferred, plus charges. It is understood that where a message will be sent by cipher or otherwise, it is at my/our risk in every respect and that neither Bank of Saint Lucia Limited nor your correspondents will be liable for the consequences of any delay, mistake or omission in transmission or payment or any interception of the said message.

CUSTOMER (1) SIGNATURE CUSTOMER (2) SIGNATURE CUSTOMER (3) SIGNATURE
FOR INTERNAL BANK USE ONLY:
[] PASSPORT [] NATIONAL ID [] DRIVER'S LICENCE
CUSTOMER ID TYPE & NUMBER ENTERED BY - SIGNATURE VERIFIED BY - SIGNATURE

TRANSACTION #: _____