



MCB Bank Ltd, Sri Lanka.

### APPLICATION FOR LOCAL FUND TRANSFERS

MCBSL/e-form/LFT

Mark with " \* " are mandatory only for SLIPS & CEFT transfers & Mark with ' \*\* ' are mandatory only for RTGS along with other information. If there are more than 3 transfers, you may use an annexure which will be treated as a bulk transfer.

Date:

#### APPLICANT DETAILS & PAYMENT MODE:

NAME / TITLE OF ACCOUNT	ACCOUNT NO	CONTACT INFORMATION	
<input type="text"/>	<input type="text"/>	Mobile No:	<input type="text"/>
		Office No:	<input type="text"/>

PLEASE DEBIT MY / OUR ABOVE ACCOUNT AND PROCESS THIS REQUEST AND RECOVER ANY CHARGES INCURRED.

#### SELECT PAYMENT / TRANSFER TYPE:

<input type="checkbox"/> RTGS	<input type="checkbox"/> SLIPS	<input type="checkbox"/> CEFT	<input type="checkbox"/> LPOPP - (GOVERNMENT PAYMENT)	<input type="checkbox"/> INTERNAL FUND TRANSFERS (Only within MCB accounts)
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#### BENEFICIARY DETAILS:

**REQUEST 1**

ACCOUNT No:	<input type="text"/>	BENEFICIARIES NAME -	<input type="text"/>
CCY	<input type="text"/>	AMOUNT IN FIGURES	<input type="text"/>
		AMOUNT IN WORDS	<input type="text"/>
**BENEFICIARIES ADDRESS:			
**BANK NAME:	<input type="text"/>	*BANK CODE:	<input type="text"/>
		*BRANCH CODE / NAME :	<input type="text"/>
**SWIFT CODE:	<input type="text"/>	**BANK ADDRESS:	<input type="text"/>
* & ** PURPOSE FOR THIS PAYMENT / TRANSFER -	<input type="text"/>		*REFERENCE - (Max 15 Digits) <input type="text"/>

**REQUEST 2**

ACCOUNT No:	<input type="text"/>	BENEFICIARIES NAME -	<input type="text"/>
CCY	<input type="text"/>	AMOUNT IN FIGURES	<input type="text"/>
		AMOUNT IN WORDS	<input type="text"/>
**BENEFICIARIES ADDRESS:			
**BANK NAME:	<input type="text"/>	*BANK CODE:	<input type="text"/>
		*BRANCH CODE / NAME :	<input type="text"/>
**SWIFT CODE:	<input type="text"/>	**BANK ADDRESS:	<input type="text"/>
* & ** PURPOSE FOR THIS PAYMENT / TRANSFER -	<input type="text"/>		*REFERENCE - (Max 15 Digits) <input type="text"/>

**REQUEST 3**

ACCOUNT No:	<input type="text"/>	BENEFICIARIES NAME -	<input type="text"/>
CCY	<input type="text"/>	AMOUNT IN FIGURES	<input type="text"/>
		AMOUNT IN WORDS	<input type="text"/>
**BENEFICIARIES ADDRESS:			
**BANK NAME:	<input type="text"/>	*BANK CODE:	<input type="text"/>
		*BRANCH CODE / NAME :	<input type="text"/>
**SWIFT CODE:	<input type="text"/>	**BANK ADDRESS:	<input type="text"/>
* & ** PURPOSE FOR THIS PAYMENT / TRANSFER -	<input type="text"/>		*REFERENCE - (Max 15 Digits) <input type="text"/>

I / We request MCB Bank Ltd to execute the above request as per the given instructions above. I / We hereby confirm that the given particulars are true and correct to the best of my / our knowledge and I / We hereby agree to be bound by the terms and conditions appearing overleaf and confirmed that above request comply with the terms and conditions and statutory / international regulations in force.

.....  
Authorized Signatory

.....  
Authorized Signatory

**"Note: Authorized Signatories of Legal entities are required to affix the Company rubber Stamp"**

