



E-CASH MONEY REMITTANCE SERVICE DECLARATION FORM

REMITTER DETAILS

TITLE: MR MRS MISS MS DR E-CASH REMITTER ID:

FULL NAME:
(NO INITIALS)

RESIDENTIAL ADDRESS:

PASSPORT/ID NUMBER: POSTCODE:

EMAIL ADDRESS: CONTACT TELEPHONE NO:

OCCUPATION: SALARY:

EMPLOYERS NAME & ADDRESS:

AMOUNT OF REMITTANCE (£):

BENEFICIARY DETAILS

BENEFICIARY NAME:
(NO INITIALS)

RELATIONSHIP WITH BENEFICIARY:

PURPOSE OF REMITTANCE: PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE

SOURCE OF FUNDS BEING USED FOR REMITTANCE: PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE

DECLARATION

By submitting this Declaration Form:

- ✓ I confirm that the information given is true and complete. I also confirm that I will keep Bank of Ceylon (UK) Ltd ('the Bank') advised at all times of any changes to these details if they occur and to provide the Bank with whatever information and documentation they may require in order to comply with current regulations in the UK.
- ✓ I agree to be bound by the Bank's Terms and Conditions for its E-CASH Money Remittance Service found at: http://www.bankofceylon.co.uk/documents/tc/ECASH_TCs_JAN18.pdf

PRINT NAME:

DATE:

FOR BANK USE ONLY

OFFICER-IN-CHARGE:	MLRO :
REMITTANCE INSTRUCTIONS HAVE BEEN VERIFIED OVER THE TELEPHONE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
SIGNATURE :	SIGNATURE :
DATE:	DATE: