

E-CASH MONEY REMITTANCE SERVICE DECLARATION FORM

REMITTER DETAILS

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

FULL NAME
WITHOUT INITIALS:

PASSPORT/
ID NUMBER:

AMOUNT OF
REMITTANCE (£):

BENEFICIARY DETAILS

BENEFICIARY NAME
WITHOUT 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.pdf

DATA PRIVACY NOTICE

It is important that you understand how the personal information you give us will be used. We strongly advise you read our Privacy Statement which you can find at www.bankofceylon.co.uk or you can ask us for a copy. By signing the e-cash registration form, you agree to your personal information being used in the ways we described in our Privacy Statement.

REMITTER SIGNATURE: _____
(As appear in Passport/ECASH registration form)

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: