

# Telegraphic Transfers Order Form



**Please ensure all relevant fields are completed.**

Please email this form to **BOPSEnquiries@heritage.com.au** or fax to **07 4694 9782**.

This form is to be used to:

- order for all telegraphic transfers

## 1. SENDER'S DETAILS

First Name	<input type="text"/>	Surname	<input type="text"/>
Account Number	<input type="text"/>	Phone Number	<input type="text"/>
Address (No PO Box) <input type="text"/>			
City/Suburb	<input type="text"/>	State	<input type="text"/>
Expected frequency of future transactions	<input type="text"/>	Expected amount of future transactions	<input type="text"/>
Source of funds <small>(e.g. employment, sale of property, etc)</small>	<input type="text"/>		

## 2. BENEFICIARY DETAILS

Beneficiary Name <input type="text"/>			
Beneficiary Address (No PO Box) <input type="text"/>		City <input type="text"/>	
State/Province <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>	
Beneficiary Phone Number <input type="text"/>	Beneficiary Tax ID <small>(For South American Currencies)</small> <input type="text"/>		
Relationship to Beneficiary <input type="text"/>			

## 3. BENEFICIARY BANK DETAILS

Beneficiary Bank Name <input type="text"/>			
Beneficiary Bank Address (No PO Box) <input type="text"/>		City <input type="text"/>	
State/Province <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>	
Account Number or IBAN <input type="text"/>	Beneficiary Branch/ SWIFT/Bank Code <input type="text"/>		
Reason for Telegraphic Transfer <input type="text"/>			

(If paying a bill please collect copy of invoice; if payment is a business investment, please specify nature of the investment)

## 4. OPTIONAL INFORMATION

Message to Receiver <small>(max 40 characters)</small>	<input type="text"/>
Instructions to Western Union Business Solutions (optional)	<input type="text"/>

## 5. PAYMENT DETAILS

Date	<input type="text"/>
Foreign Currency	<input type="text"/> <input type="text"/> <input type="text"/>
Total Foreign Currency Amount	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Foreign Amount in Words	<input type="text"/>
Exchange Rate	<input type="text"/>
AUD Equivalent in Figures	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

## 6. ACKNOWLEDGEMENT

I confirm and acknowledge that I have been informed of the following:

- Where applicable, fees that may be associated with this Telegraphic Transfer (TT) request and that in sending the TT, Western Union Business Solutions (Australia) Pty Limited uses correspondent, intermediary banks to forward and process the transfer requests.
  - The correspondent, intermediary and beneficiary banks may impose their own additional fees which may be deducted from the amount received by the nominated Beneficiary.
  - The payment is undertaken at my own (sender's) risk and that Western Union Business Solutions and/or their affiliates and/or their agents accept no liability whatsoever for any delay, mistake, misinterpretation of instruction or omission which may occur with this TT.
  - I may be required to provide additional information regarding this payment, and agree that all information may be passed on by Western Union Business Solutions to third parties as appropriate.
- Signature   
Date

## BRANCH TO COMPLETE

Staff Member Name	<input type="text"/>	Financial Institution Name	<input type="text"/>
Branch Name	<input type="text"/>	Agent Code	<input type="text"/>
		Phone Number	<input type="text"/>