

FORM FOR €10,000 OR MORE

TRANSACTION INFORMATION:

DATE:	AMOUNT:	PIN NO:
SENDER SHALL PURCHASE MONEY TRANSFERS USING: CASH <input type="checkbox"/> OTHER <input type="checkbox"/> _____		
Is the Sender aware of the fee and F/X rate and agrees to them? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you checked for any restrictions in the Send/Pay country that would not allow for this amount to be sent? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EXPLAIN SOURCE OF FUNDS USED FOR THIS TRANSACTION:

--

SENDER INFORMATION:

PHOTOCOPY OF THE SENDER'S IDENTIFICATION (DRIVER'S LICENSE, PASSPORT GOVERNMENT ISSUED PHOTO IDENTIFICATION IS ATTACHED). Yes <input type="checkbox"/> No <input type="checkbox"/>		
(IF YES THAN GO TO BENEFICIARY INFORMATION).		
FULL NAME:		
ADDRESS:		
CITY:	POST CODE:	PHONE:
OCCUPATION OR PROFESSION:		

BENEFICIARY INFORMATION:

NAME:	
ADDRESS:	
COUNTRY:	TELEPHONE:
PURPOSE OF TRANSACTION:	

I DECLARE UNDER OATH THAT ALL THE INFORMATION GIVEN IN THIS DOCUMENT IS TRUE:

CONSUMER SIGNATURE: _____

For Office use only

Approved by :	Date :
Declined by :	Date :
Reason of Declension :	
Comments :	