



SWORN STATEMENT FORM FOR INTERNATIONAL TRANSFERS

BENEFICIARY INFO

Name of Beneficiary Person or Company (full):

Email: Phone number:

Beneficiary Account Number /IBAN/CBU: Beneficiary Document: Beneficiary city:

Beneficiary Country: Beneficiary Address (exact):

INTERMEDIARY BANK DATA

Intermediary Bank Name (full): City of Intermediary Bank: Intermediary Bank Country:

Code of Intermediary Bank (ABA, FEDWIRE, SWIFT, CHIPS, OTHERS): Beneficiary Bank Account Number:

BENEFICIARY BANK INFO

Name of Beneficiary Bank (full name): City of Beneficiary Bank: Country of Beneficiary Bank:

Code of Bank Swift (ABA, FEDWIRE, SWIFT, CHIPS, OTHERS):

I declare that the information provided in this form is true and accurate.

Signature of Beneficiary
Date:

Name