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 New York, NY 10022
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NATIONAL BANK OF EGYPT
NEW YORK BRANCH



FUNDS TRANSFER/REMITTANCE FORM

U.S. Dollar

Please accept this payment order to transfer funds as described below. I have read and accept the Funds Transfer Agreement on the reverse side of this form.

AMOUNT U.S. \$ _____ (IN WORDS) Amount \$ _____ (IN FIGURES) Today's Date: _____

Bank Check _____ Amount Certified Check _____ Amount Other (Specify) _____ Amount

TO		Name of Beneficiary:		Account Number:	
Address:		Telephone:		Facsimile:	
City:	State/Province:	Country:	Postal Code:		
Purpose of Remittance:		<input type="checkbox"/> Personal <input type="checkbox"/> Business		Source of Funds:	
<input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Wages <input type="checkbox"/> Other (Specify) _____			
Beneficiary's Bank Name:			Bank Identification Number:		
Bank/Branch Address:			Telephone:		Facsimile:
City:	State/Province:	Country:	Postal Code:		
Reference:					

IDENTIFICATION SUBMITTED BY REMITTER: Attached are copies of two (2) of the following government-issued documents: <input type="checkbox"/> Driver's License or Learners Permit with Photo <input type="checkbox"/> Identity Card (Foreign or Domestic) <input type="checkbox"/> Work Permit with Photo <input type="checkbox"/> Other Photo Identification: _____ <input type="checkbox"/> Valid Passport <input type="checkbox"/> Resident Alien Card <input type="checkbox"/> Valid Visa		ANTICIPATED TRANSACTIONS (For New Remitters): <table border="0"> <tr> <td><u>Number per Month</u></td> <td><u>Dollar Amount Per Month</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> Nationality _____		<u>Number per Month</u>	<u>Dollar Amount Per Month</u>	_____	_____
<u>Number per Month</u>	<u>Dollar Amount Per Month</u>						
_____	_____						
Remitter's Name:		Telephone:		Facsimile:			
Street Address:		Apt. No.:		Social Security #:			
City:	State/Province:	Profession/Employer:					
Postal Code:	Country:	I have verified the information contained herein and attest that it is true and correct:					
Are you associated with, or related to, a person holding a Government position: If yes, describe relationship(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No		Signature of Remitter _____			
Have you conducted a Funds Transfer transaction in the past with NBE New York? <input type="checkbox"/> Yes <input type="checkbox"/> No		Signature of Agent (If Applicable) _____					

Do Not Write Below This Line

Wire Fee from Proceeds: Cash:

Remitter/Beneficiary Check on OFAC Verified By: _____

Funds Transfer/Remittance Form and Documents Checked By: _____ value Date: _____

Officers Authorization _____

ORIGINAL COPY

