

TELEGRAPHIC TRANSFERS

Order Form

Please ensure all relevant fields are completed.

This form is to be used to:

- order for all telegraphic transfers
- order currencies not available through the Western Union Business Solutions payment platform

1. Sender's details

First Name	Surname	
Account Number	Phone Number	
Address (No PO Box)		
City/Suburb	State	Postcode
Expected frequency of future transactions	Expected amount of future transactions	
Source of funds*	Purpose of payment	

2. Beneficiary details

Beneficiary Name		
Beneficiary Address (No PO Box)	City	
State/Province	Postcode	Country
Beneficiary Phone Number	Beneficiary Tax ID (For South American Currencies)	
Relationship to Beneficiary		

3. Beneficiary bank details

Beneficiary Bank Name		
Beneficiary Bank Address (No PO Box)	City	
State/Province	Postcode	Country
Account Number or IBAN	Beneficiary Branch/ SWIFT/Bank Code	
Reason for Telegraphic Transfer		

4. Optional information

Message to Receiver (max 40 char.)
Instructions to Western Union Business Solutions (optional)

5. Payment details

Date				
Foreign currency	Total foreign currency amount	,	,	.
Foreign amount in words				
Exchange rate	AUD equivalent in figures	,	,	.



* Source of Funds examples: salary, property sale, rent, savings, etc.

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 _____

Email this form to **ficustomerserviceaustralia@westernunion.com** or fax to **1800 445 129**.

For any enquiries or exchange rates please call **1800 189 767**.

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"/>

