Standard Chartered

# STANDING ORDER FORM

Please fill in using ***BLOCK LETTERS***
☐ Please " √ " where applicable

SI/ Reference No.:

Branch: Date: D D M M Y Y Y Y Call Back Confirmation Done

## Remitter's Information

Account Name:

Account No.: Currency Passport/ ID No.: Telephone No.:

Address: Town/ City Postal Code Country

## Standing Order Details

☐ New ☐ Amend (Please fill in new values only) ☐ Delete

Frequency: ☐ Once ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐ Others: (Please specify) _____

First payment on D D M M Y Y Y Y Regular payments on D D M M Y Y Y Y Last payment on D D M M Y Y Y Y

Amount: Currency Amount

Amount in Words:

## Beneficiary's Information and Remittance Mode

| | | | |
|---|---|---|---|
| 57; | Beneficiary's Bank | Name* | |
| | | Address** | |
| | | Country** | Branch* / Branch Code*** |
| 59; | Beneficiary | Name* | |
| | | Address** | |
| | | Country** | Account No.** |
| 70; | Details of Payment ** | | |

* Indicates mandatory information to be provided.
** Indicates mandatory information if remittance mode is Telegraphic Transfer.
*** Indicates mandatory information to be provided for foreign currency Telegraphic Transfer.

Please remit the funds according to the standing order details with the following remittance mode:

☐ **Telegraphic Transfer:**

Sort Code BIC

71; ☐ Local charges borne by remitter & overseas charges by beneficiary **(SHA)** **OR** ☐ All local and overseas charges borne by remitter **(OUR)** **OR** ☐ All local and overseas charges borne by beneficiary **(BEN)**

72; Bank to Bank Information

☐ **Sweeping Arrangement**

If balance in Account No. Currency Account No is above / below transfer funds to / from Account No. Currency Account No in multiples of provided the funding account has sufficient funds.

☐ **Others:**
(Please specify) _____

Note: The applicable charges (if any) will be debited to the remitter's Account Number stated above.
I/ We agree to abide the Terms and Conditions printed overleaf.

| Customer's Signature 1 | Customer's Signature 2 |
|---|---|
| Name: | Name: |

## For Bank Use Only

| | | |
|---|---|---|
| 32A | Value Date | D D M M Y Y Y Y |
| 56A | Intermediary Bank | Name: |
| | | Address: |
| | | Account No: |

| | | | | | | |
|---|---|---|---|---|---|---|
| Charge: | Branch | Receiving Branch: | Signature Verified by: | Checked by: | Approved by: | Revenue Stamp (New instructions only) |
| Approve insufficient funds: ☐ Yes ☐ No | Hub | Processed on: D D M M Y Y Y Y | Data Input by: | Checked by: | Approved by: | |

SOFF ver1.0

Bank's Copy

## Terms and Conditions

1. I/ We understand that the payment will be effected on the effective date specified above (or the following business day in the event of a holiday).

2. I/ We understand that the Bank reserves the right to charge/ levy penalties if there are no sufficient funds in my/ our account.

3. I/ We understand that this service is subject to banking procedures.

## For Bank Use Only

Delivered by: Self ☐ Third Party/ Agent ☐

Name(s):

ID/ PP/ Agent No:

Time Received: Date Received:

**CALL BACK CONFIRMATION**

Customer Representative:

Information Confirmed:
(Please specify)

Time Received: Date Received:

SCB Staff Name:

SCB Staff Signature: