



MALDIVES ISLAMIC BANK

TELEGRAPHIC TRANSFER TRACER / CANCELLATION / AMENDMENT REQUEST

SECTION A APPLICANT PARTICULARS

Name: _____

CONTACT DETAILS

Tell _____ Fax/Email _____

SECTION B REMITTANCE DETAILS

Please send tracer for the following transaction, details are as follows

TT Reference No _____

Date of Transaction _____ Currency & Amount _____

REASON FOR REQUEST

Beneficiary claims non-receipt of funds

(I/We acknowledge if beneficiary paid date is prior to tracer date, investigation charges will apply)

Amendment of TT details _____

Cancellation of payment

I/We acknowledge that my request for refund of payment will be made only when you are in possession of the funds in respect of the above remittance/telegraphic transfer. This is subject to the beneficiary and/or his bank agreeing to my/our request for cancellation and returning the funds to you. I/We agree that you will have no responsibility or liability towards me/us if the beneficiary fails to return the funds to you.

SECTION C CHARGES DETAILS

You are authorized to debit my/our account no _____

for handling charge and any agent charges that may arise from the above request

Authorized Signature(s) with Company Stamp (if applicable) _____ Date _____

FOR BANK USE ONLY

Name & Signature Name & Signature Date