

Choice Bank Limited (in liquidation)
CLAIMANT PAYMENT INSTRUCTION FORM

This form is to be completed and returned by email to: cblliquidator.claims@gmail.com

Section A: Claimant Information

Name of Account: _____

Section B. International Wire Transfer Instructions

Intermediary Bank Information

Name: _____

Address: _____

ABA/Swift: _____

Further Instructions (if any): _____

Beneficiary Bank Information

Name: _____

Address: _____

ABA/Swift: _____

Beneficiary Customer Information

Account #: _____

Name: _____

Address: _____

Address: _____

Authorised Signature of Claimant: _____ Date: _____

Authorised Signature of Claimant: _____ Date: _____