RTGS FUND TRANSFER FORM

Citizens | **Bank International Ltd.**
सिटिजन्स बैंक इन्टरनेसनल लि.
YOUR PARTNER FOR PROGRESS

_____ Branch

Date : | D | D | M | M | Y | Y | Y | Y |

I/We request for transfer of fund through RTGS as per below given details.

Currency ☐ NPR ☐ USD ☐ GBP ☐ EUR ☐ JPY

Purpose of Transaction

☐ Fund Transfer ☐ Remittance ☐ Salary ☐ Installment ☐ Fee & Taxes ☐ Other _____

S. No.	A/C Name or Credit Code	Account No.	Bank & Branch Name	Credit Amount	Txn. Ref. No.

Total Amount (in Figure) _____

Total Amount in words _____

Please debit below mentioned account for above transaction/s and necessary charges.

Account Number | | | | | | | | | | | | | | | | | CIFID | | | | | | | | | Currency_____

Account Name | |

Terms and Conditions :

1. The applicant shall be responsible for any loss, liability, expenses and damages due to inconsistencies or incompleteness of information provided.
2. The bank will levy fees and charges to the applicant for processing of fund transfer as per the standard tariff of charges published by the service provider.
3. The fund transfer request of the applicant shall be governed by the rules, regulations and circulars of Nepal Rastra Bank and other Competent authority.
4. Minimum limit of RTGS transaction is NPR 200,000, USD 2, EUR 2, GBP 2 or JPY 200,000. This amount may vary as per the amendment made in RTGS System Rule by NRB from time to time.
5. The applicant may initiate a transaction in advance of 10 days from the value date of transaction.
6. The applicant confirms that the source of fund of the requested transaction is from legitimate source and for the purpose as declared in the form.

I/we have read and understood all the terms and conditions governing fund transfer mentioned above and agree to abide by them.

_____
Authorized Signature/s & Stamp

For Bank's Use Only

Received Date : _____

Applicable Fee/Charge _____

System Entered By : _____

Customer's Account Debited ☐ Yes ☐ No

Obtained ☐ Yes ☐ No

System Verified By : _____

_____
Prepared & Checked By
Date:

_____
Approved By