

Appendix F8 For Registration – New Beneficiary or Changes to Existing Beneficiary Details



New Beneficiary Changes to Existing beneficiary

Remitter Number (if Registered)

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Tick box as appropriate

| Remitter Details (Please use BLOCK CAPITAL letters) | |
|---|----------------------|
| Remitter's Full Name | <input type="text"/> |
| Telephone Number | <input type="text"/> |

| Beneficiary Details | |
|---------------------|----------------------|
| Full Name | <input type="text"/> |
| Relationship | <input type="text"/> |
| Date of birth | <input type="text"/> |

| ReadyCash (ReadyCash service is only available over the Counter Service. Proceeds of remittance(s) only be collectable from nominated branches of Sonali Bank Ltd) | |
|--|---|
| Bank | <input type="text" value="Sonali Bank Ltd"/> |
| Branch Name | <input type="text"/> |
| Beneficiary mobile No: | <input type="text"/> |
| Please indicate the type of ID that will be shown at the time of collecting funds | |
| Tick the appropriate box | Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> |

| Bank Details (Please complete this section if payment is to be made to an account holder) | |
|---|----------------------|
| Beneficiary's A/C No. FCA/SB/CA | <input type="text"/> |
| Bank Name | <input type="text"/> |
| Branch Name | <input type="text"/> |
| Branch District | <input type="text"/> |

I have read and understood the terms and conditions overleaf and agree to be bound by such terms and conditions. I confirm that the information given in this form is true & complete & I authorise Sonali Bank (UK) Limited to register these details as requested.

Applicant's Signature Date

NOTE: Form SB402 Application for Remittance Registration must be completed with this form if you are registering for the first time.

| | | | | | |
|-------------------|--------------------|----------------------|----------------------|-----------------|------|
| For Bank Use Only | Beneficiary ID No. | <input type="text"/> | <input type="text"/> | | |
| | Action | Staff initial | Data keyed by | Data checked by | |
| | | Initial | Date | Initial | Date |