



LINK FX PLC  
2 VICTORIA ARCADE  
LONDON  
SW1E 5ND

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PAYMENT REQUEST

UNIQUE NO:

## COMPLETE CLEARLY IN CAPITAL LETTERS

**\*\*IF THE TRANSFER IS TO EUROPE YOU MUST GIVE IBAN + BIC CODES\*\***

DATE: \_\_\_\_\_ CURRENCY: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ RATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

AMOUNT IN WORDS: \_\_\_\_\_

BENEFICIARY BANK NAME: \_\_\_\_\_

BENEFICIARY NAME: \_\_\_\_\_

IBAN: \_\_\_\_\_

ROUTING/SWIFT/BIC CODE: \_\_\_\_\_

ORDERING CUSTOMER DETAILS:

NAME: \_\_\_\_\_

ID PASSPORT NO: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POST CODE: \_\_\_\_\_ CONTACT TEL. NO: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

\*ACCEPTING TERMS & CONDITIONS ON REVERSE SIDE\*

OFFICE USE ONLY

STG RECEIVED: \_\_\_\_\_ SIGNED BY (ON BEHALF OF LINK FX) \_\_\_\_\_