

INTERNATIONAL PAYMENT ORDER

TO : VAKIFBANK NEW YORK

Please make the following payment

Debit Our account No. ▶	▶ USD	VALUE DATE ▶
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INTERMEDIARY BANK INFORMATION

▶ INTERMEDIARY BANK NAME: _____
▶ CITY/STATE: _____
▶ SWIFT/ I _____

BANK INFORMATION

▶ BENEFICIARY BANK NAME: _____
▶ CITY/STATE: _____
▶ SWIFT/ _____

BENEFICIARY INFORMATION

▶ BENEFICIARY ACCT/IBAN NO: _____
▶ BENEFICIARY IBAN NO: _____
▶ BENEFICIARY NAME: _____
▶ DETAILS: _____

▶ _____
(CUSTOMER) Name Signature

(BANK) Preparer

Authorized signature