

HAVALE
REMITTANCE FORM

TARİH
DATE:...../...../20.....

REMITTANCE:

FEE: **\$20.00**

TOTAL:

GÖNDEREN
SENDER

ADI SOYADI
FULL NAME:

TEL:

ADRESİ
ADDRESS:

NO-STREET

APT-SUITE #

CITY

STATE

ZIP

ALICI
BENEFICIARY

ADI SOYADI

NAME: **TÜRKİYE CUMHURİYETİ BASBAKANLIK HAZINE
MÜSTESARLIĞI, DİS ÖDEMELER SAYMANLIĞI**

TEL: +90 (312) 212-8800 (23 LINES)

ADRESİ

ADDRESS: **İnönü Bulvarı No:36 06510 Emek/ ANKARA**

ALICI BANKASI VE SUBESİ

T.C. MERKEZ BANKASI
ANKARA SUBESİ

HESAP NO:

ACCOUNT NO: **475**

YENİ HESAP AÇILACAKSA CEVAPLAYIN
PLEASE COMPLETE IF A NEW ACCOUNT IS TO BE OPENED

SUBE ADI:

BRANCH NAME:

HESAP TÜRÜ

ACCOUNT TYPE:

ÖZEL TALİMATLAR

SPECIAL INSTRUCTIONS:

IMPORTANT NOTE: This form is only used for customer's funds transfer application. It does not substitute or prove an actual money transfer.

İMZA

SIGNATURE:

BANKA KULLANIMI İÇİN
FOR BANK USE ONLY

EMPLOYEE SIGNATURE

CASH

WIRE TRANSFER

CHECK

OFFICIAL

PERSONAL

*Fee and charges by Vakıfbank is only for the service rendered within. Does not cover any other charges for paying parties.

*Vakıfbank NY will not be responsible for the delay of payment by the banks overseas.