



Outgoing Wire Transfer Request

Date: (dd/mm/yy) _____ Amount: _____ Currency: _____

Debtor/Originator's Information:

Type of Customer: Business Individual

Originator's Full Name: _____ Account No.:

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Debtor/Originator's Address

Street No. & Name: _____ Building No. & Name: _____

City/Town/Village: _____ District: _____ Country: Belize

Intermediary Bank Information

SWIFT BIC: ABA/Routing

Bank Name: _____ ABA/Routing Number: _____ SWIFT BIC: _____

Account Number (if required): _____

Intermediary Bank Address

Street No. & Name: _____ Building No. & Name: _____

City/Town/Village: _____ District/State: _____ Country: _____

Creditor/Beneficiary's Information

Type of Customer: Business Individual

Creditor's Full Legal Name: _____

Creditor's Account No. _____ IBAN # / Mexican CLABE#: _____

Website: _____ Nature of Business: _____

Date of Birth: _____ Place of Birth: _____ Relationship to Customer: _____

Creditor/Beneficiary's Address

Street No. & Name: _____ Building No. & Name: _____

City/Town/Village: _____ District/State: _____ Country: _____

Zip code/Postal Code: _____

Beneficiary Bank Information

SWIFT BIC: ABA/Routing

Bank Name: _____ ABA/Routing Number: _____ SWIFT BIC: _____

Beneficiary Bank Address

Street No. & Name: _____ Building No. & Name: _____

City/Town/Village: _____ District/State: _____ Country: _____

