



APPLICATION FOR ONLINE INR REMITTANCE TO INDIA

MVR/A/C

STATE BANK OF INDIA, MALDIVES

REMITTER'S DETAILS												Date
50	A/C HOLDER'S NAME											NATIONALITY
	A/C NO.	1	2									PROFESSION
	MOBILE NO.			P.P. No.				WP / NID No.			Exp. Date	
BENEFICIARY'S DETAILS												
59	RECEIVER'S NAME											
	ACCOUNT NO.											
57A	BANK'S NAME									DISTRICT		
57A	BRANCH NAME									STATE		
RECEIVER BANK'S IFSC CODE									← IFSC code is mandatory			
↓ Please mention amount in MVR only, otherwise it will not be processed ↓												
AMOUNT (MVR)		(in figures)			(MVR in words)							
AMOUNT MENTIONED IS INCLUDING CHARGES				OR EXCLUDING CHARGES								
PURPOSE OF REMITTANCE (TICK WHICH IS APPLICABLE)						Attach a copy of invoice in case of payment for imports						
FAMILY REMITTANCE		Medical	Education	Gifts	Services Payment	Other Purpose						
Imports	It ticked then	Item :			Invoice No. :		Date :					
It is understood that the online/swift transfer is being affected by me/us at our risk and that the Bank or its agent will not be held liable for any delay, omission, commission or mistake arising in transmission or misinterpretation of message at the destination. I/We certify that all details provided above are complete and correct.												
SIGN HERE → (A/C HOLDER'S SIGNATURE)												
FOR OFFICE USE ONLY												
AMOUNT RECEIVED		USD EQUIVALENT		RATE OF CONVERSION			INR AMOUNT TO BE REMITTED					
MVR TO BE REMITTED				@								
COMMISSION				DC NO.								
P&T				TT REFERENCE NO.								
OTHERS CHARGES				1	2			T	S			
TOTAL AMT TO BE DEBITED												
ENTERED BY				VERIFIED BY								
Please do not write between the brackets												

DEBIT VOUCHER : TO BE FILLED BY THE A/C HOLDER IN BLOCK LETTERS ONLY

Please debit my account no.	1	2										DATE	
By MVR (amount in figures)			(in words)										
including charges			or excluding charges			TOTAL MVR AMT DEBITED							
For online remittance to the account of (Name of Beneficiary)						Debit Confirmed							
Name of Account Holder :													
Please fill up all details in the form properly, otherwise it will not be processed												SIGN HERE →	(A/C HOLDER'S SIGNATURE)
TT No.			TT No.			ENTERED BY			VERIFIED BY				