

EXCHEQUER COURT  
 33 ST.MARY AXE  
 LONDON EC3A 8BY  
 TEL: +442079294422

## CLIENT REMITTANCE REGISTRATION FORM

PLEASE COMPLETE ALL FIELDS AND WRITE IN CAPITAL BLOCK LETTERS

FIRST NAME		MIDDLE NAME		LAST NAME	
ADDRESS (WITH POST CODE)					
PHONE NUMBER		MOBILE NUMBER		EMAIL	
GENDER	DATE OF BIRTH (MM/DD/YYYY)		PLACE OF BIRTH		MOTHER'S MAIDEN NAME
NATIONALITY	PASSPORT / LICENCE		DATE ISSUED		EXPIRY DATE
NATIONAL INSURANCE NO.		EMPLOYER'S NAME		EMPLOYER'S TEL #	
EMPLOYER'S ADDRESS					
POSITION	MONTHLY SALARY	BANK		ACCOUNT NUMBER	

### BENEFICIARY 1

FIRST NAME		MIDDLE NAME		LAST NAME		RELATION TO SENDER	
ADDRESS						TELEPHONE #	
BANK		BRANCH				ACCOUNT NUMBER	
DATE OF BIRTH		PLACE OF BIRTH				NATIONALITY	

### BENEFICIARY 2

FIRST NAME		MIDDLE NAME		LAST NAME		RELATION TO SENDER	
ADDRESS						TELEPHONE #	
BANK		BRANCH				ACCOUNT NUMBER	
DATE OF BIRTH		PLACE OF BIRTH				NATIONALITY	

I declare that all the information in this application form has been completed to best of my knowledge and belief and I will notify Bangkok Bank London Branch promptly of any changes.

\_\_\_\_\_  
 Client's Signature