



OUTGOING PAYMENT TRANSFER

DATE

T O	BRANCH/AGENCY/CORRESPONDENT SIJL -CITIBANK MT103		TEST No.	CURRENCY EUR	AMOUNT
	ADDRESS CITIBANK LONDON SWIFT:CITIGB2L		TRANSIT NUMBER	SELLING RATE @	=

PLEASE PAY	20	SENDER'S REFERENCE NUMBER	21	RELATED REFERENCE	23	BANK OPERATION CODE/ INSTRUCTION CODE	FOR BANK USE ONLY	
							SETTLING RATE	SETTLING AMOUNT

FOR CUSTOMER USE				FOR BANK USE ONLY	
32	VALUE DATE (YYYY/MM/DD)	CURRENCY EUR	AMOUNT	FOREIGN EXCHANGE GL # 7301960	
50	ORDERING CUSTOMER			COMMISSION GL # 7246269	
	FULL NAME			CHARGES TELEGRAPH TOLLS RECOVERED GL # 6429866	
	FULL ADDRESS			OTHER GL #	
	ACCOUNT NUMBER			TOTAL CUSTOMER CHARGES	
52	ORDERING INSTITUTION Scotia Investments Ja Limited Scotiabank Centre Building Corner Duke and Port Royal Streets, Kingston, Jamaica			"WE", "US", "OUR", "THE BANK" AND "SCOTIABANK" MEANS THE BANK OF NOVA SCOTIA AND ITS SUBSIDIARIES AND AFFILIATES, AS APPLICABLE. "SCOTIABANK GROUP" MEANS COLLECTIVELY, THE BANK OF NOVA SCOTIA AND ALL OF ITS SUBSIDIARIES AND AFFILIATES. "YOU" AND "YOUR" MEANS THE ORDERING CUSTOMER.	
53	SENDER'S CORRESPONDENT Scotia Investments Ja Limited Scotiabank Centre Building, Corner Duke and Port Royal Streets Kingston, Jamaica SWIFT: SCNJJMKN A/C 11227955			YOU MUST PROVIDE US WITH YOUR AND THE BENEFICIARY CUSTOMER'S COMPLETE NAME, ADDRESS AND ACCOUNT NUMBER, PROVIDING FULL DETAILS AND CORRECT ACCOUNT NUMBERS AVOIDS DELAYS AND CHARGES BY THE INTERMEDIARY/BENEFICIARY BANK. CERTAIN COUNTRIES AND REGIONS REQUIRE YOU TO PROVIDE YOUR AND/OR THE BENEFICIARY'S ACCOUNT NUMBER.	
54	RECEIVER'S CORRESPONDENT			PAYMENT TRANSFERS DESTINED TO COUNTRIES THAT ARE PART OF THE EUROPEAN ECONOMIC UNION MUST ALSO INCLUDE THE BENEFICIARY CUSTOMER'S INTERNATIONAL BANK ACCOUNT NUMBER (IBAN) IN THE ACCOUNT NUMBER FIELD. FOR PAYMENT TRANSFERS DESTINED TO OR WITHIN THE UNITED STATES YOU MUST ENSURE YOU HAVE PROVIDED US WITH THE CORRECT BENEFICIARY ACCOUNT NUMBER AS THE ACCOUNT NUMBER TAKES PRECEDENCE OVER THE BENEFICIARY NAME.	
56	INTERMEDIARY INSTITUTION			WE WILL NOT BE RESPONSIBLE FOR ANY DELAYS, ERRORS OR LOSSES YOU OR ANY ENTITY MAY SUFFER AS A RESULT OF THE DELIVERY MECHANISM USED TO PROCESS THIS PAYMENT TRANSFER. ADDITIONAL FEES MAY BE DEDUCTED FROM THE PAYMENT TRANSFER BY THE CORRESPONDENT AND BENEFICIARY BANK.	
57	ACCOUNT WITH INSTITUTION			IF THE PAYMENT TRANSFER IS NOT COMPLETED FOR ANY REASON WHATSOEVER, WE WILL REFUND YOU THE ORIGINAL PAYMENT TRANSFER AMOUNT, LESS ANY EXPENSES AND LOSSES (IF ANY) AND RISKS FROM EXCHANGE RATE FLUCTUATIONS, UPON RECEIPT OF THE RETURNED PAYMENT TRANSFER FROM OUR AGENT OR CORRESPONDENT BANK. THE ORIGINAL PAYMENT TRANSFER FEES ARE NON-REFUNDABLE.	
58	BENEFICIARY INSTITUTION			YOU CONSENT AND AUTHORIZE US TO OBTAIN, USE, GIVE TO, VERIFY, SHARE AND EXCHANGE INFORMATION ABOUT YOU WITH OUR SERVICE PROVIDERS AND ANY OTHER PERSON(S) AS MAY BE PERMITTED OR REQUIRED BY LAW.	
59	BENEFICIARY CUSTOMER, FULL NAME, FULL ADDRESS			YOU ALSO CONSENT AND AUTHORIZE US TO DISCLOSE INFORMATION ABOUT YOU TO THIRD PARTIES WHERE SUCH DISCLOSURE IS: (A) IN OUR DISCRETION, NECESSARY OR DESIRABLE WHETHER TO PROTECT OUR INTERESTS, OR OTHERWISE, (B) REQUIRED IN ORDER TO COMPLY WITH ANY DISCLOSURE REQUIREMENTS IMPOSED BY LAW, REGULATION, COURT, GOVERNMENTAL AGENCY OR AUTHORITY OR GOVERNMENTAL DEPARTMENT, OR (C) IN ORDER TO PREVENT OR DETECT CRIMINAL ACTIVITY, MANAGE AND SETTLE ANY ACTUAL OR POTENTIAL LOSS IN CONNECTION WITH FRAUD OR CRIMINAL ACTIVITY, FACILITATE AN INVESTIGATION OF OR PROSECUTION FOR FRAUD, MONEY LAUNDERING OR ANY OTHER CRIMINAL ACTIVITY. YOU ALSO CONSENT AND AUTHORIZE US TO SHARE YOUR INFORMATION WITHIN THE SCOTIABANK GROUP OF COMPANIES.	
	FULL NAME			WE MAY USE THIRD PARTY SERVICE PROVIDERS TO PROCESS THIS PAYMENT TRANSFER FOR US. SOME OF OUR SERVICE PROVIDERS ARE LOCATED OUTSIDE THE COUNTRY WHERE THE PAYMENT TRANSFER REQUEST ORIGINATED AND THESE SERVICE PROVIDERS ARE SUBJECT TO FOREIGN LEGISLATION. YOU UNDERSTAND AND ACKNOWLEDGE THAT LAW ENFORCEMENT AUTHORITIES AND/OR GOVERNMENTAL AUTHORITIES IN THESE JURISDICTIONS MAY, UNDER APPLICABLE LEGISLATION, ACCESS THE INFORMATION AND DATA CONTAINED IN THIS FORM AND IN EFFECTING SUCH DISCLOSURES NEITHER WE, OR ANY OF OUR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES OR AGENTS SHALL IN ANY WAY BE LIABLE TO YOU FOR THE BREACH OF ANY PRIVACY, SECRECY OR CONFIDENTIALITY PROVISIONS OF ANY LAWS OR REGULATIONS IN YOUR COUNTRY OR ELSEWHERE. YOU AGREE TO INDEMNIFY US AND OUR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES OR AGENTS AGAINST ANY AND ALL LOSSES, COSTS, EXPENSES, ACTIONS, PROCEEDINGS, CLAIMS, DAMAGES OR OTHER LIABILITIES (INCLUDING LEGAL FEES AND EXPENSES) ARISING DIRECTLY OR INDIRECTLY, BY REASON OF SUCH DISCLOSURES BY US OR ANY OF OUR RESPECTIVE AGENTS, SUCH INDEMNITY BEING IN ADDITION TO ANY INDEMNITY WHICH MAY BE AVAILABLE AT LAW.	
	FULL ADDRESS				
	BENEFICIARY ACCOUNT NUMBER				
70	REMITTANCE INFORMATION				
71	DETAILS OF CHARGES				
72	SENDER TO RECEIVER INFORMATION				

CUSTOMER SIGNATURE		PHONE NUMBER
BANK LEGAL NAME	PREPARED BY	CHECKED BY
BRANCH ADDRESS		AUTHORIZED BY
FOR BANK USE ONLY Call back required <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, Customer contacted _____ Date _____	Time _____
	Management Officer _____	Signing Number _____