

**CUSTOMER DETAILS**

Account name:
Account number:
Contact E-mail:
Contact Telephone:

**TRANSFER DETAILS**

Please make transfer in: Euros <input type="checkbox"/> £ sterling <input type="checkbox"/> other currency <input type="checkbox"/> (specify)
Amount to transfer*: (figures)
(words)
Name of the bank:
Address of the bank:
Additional information:

\*A SPOT transfer can be requested for amounts over £25,000 – an additional fee of a minimum of €15.25 applies. If requesting an “equivalent” value transfer an additional fee of a minimum of €15.25 also applies.

Please indicate here if you require: SPOT  or equivalent value

**BENEFICIARY DETAILS**

Beneficiary’s name / account holder:
Beneficiary’s account number:
<b>IBAN NUMBER</b> (obligatory):
<b>SWIFT / BIC Code</b> (obligatory):
Reference (optional) .....

<b>SIGNATURE:</b>	<b>DATE:</b>
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All transfers will be made with ‘shared’ charges (sending bank charges to the remitter and receiving bank charges to the beneficiary).

Fees correct as at 01/01/2018.

Caisse Régionale de Crédit Agricole Mutuel de Normandie - Head Office: 15, esplanade Brillaud-de-Laujardière, CS 25014 – 14050 CAEN CEDEX 4  
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