

TeleHavale Remittance Service Application Form

Title Full Name and Surname

Date of Birth / / (DD/MM/YY) Nationality

Full Postal Address

Post Code E-mail Address

Mobile Number Work Phone Number

Customer Number with Turkish Bank (UK) Ltd. (If known)

Please complete this section with at least one of your Card details.

Your Debit Card Details

Name on Card Issuer Bank of the Card

Debit Card Number

Card Type Valid From / Expires End /

Your Credit Card Details

Name on Card Issuer Bank of the Card

Credit Card Number

Card Type Valid From / Expires End /

Address of the Card Statement

Mother's Maiden Name

- The remittance by TeleHavale Service is limited to up to £1,000 daily and the destination of the remittance is Turkey and Cyprus only.
- 1.5% of transfer surcharge will be added on Credit Card Transactions to our standard tariff.

1- Beneficiary Details

Beneficiary Full Name

Beneficiary Bank Name Beneficiary Account Number

Beneficiary Branch Name Branch Code

Beneficiary Account Currency **TRY** **GBP**

Advise and Pay (Please complete this section if payment is to be made to a non-account holder)

Beneficiary Address

Beneficiary Telephone Number Beneficiary Father's/Mother's Name

2- Beneficiary Details

Beneficiary Full Name			
Beneficiary Bank Name		Beneficiary Account Number	
Beneficiary Branch Name		Branch Code	
Beneficiary Account Currency	TRY <input type="checkbox"/>	GBP <input type="checkbox"/>	

Advise and Pay (Please complete this section if payment is to be made to a non-account holder)

Beneficiary Address			
Beneficiary Telephone Number		Beneficiary Father's/Mother's Name	

3- Beneficiary Details

Beneficiary Full Name			
Beneficiary Bank Name		Beneficiary's Account Number	
Beneficiary Branch Name		Branch Code	
Beneficiary Account Currency	TRY <input type="checkbox"/>	GBP <input type="checkbox"/>	

Advise and Pay (Please complete this section if payment is to be made to a non-account holder)

Beneficiary Address			
Beneficiary Telephone Number		Beneficiary Father's/Mother's Name	

I confirm that the information given in this form is correct and I authorise Turkish Bank (UK) Limited to register my details for the TeleHavale Remittance Service and to accept telephone instructions from me to make remittances. I authorise the Bank to debit my account or take payments from my designated debit or credit card for the purpose of remitting money to the pre-advised beneficiaries in Turkey/Cyprus. I agree that the Bank will not make any payments if there is any doubt as to the identity of the caller and understand and accept that phone calls will be recorded. I confirm that I have read and agreed to abide by the Terms & Conditions regarding the TeleHavale Remittance Services of Turkish Bank (UK) Ltd.

Signed

Name

Date/...../.....