

FUNDS TRANSFER FORM

English

I / We wish to request for : **Telegraphic Transfer / Internal Transfer**

Current Date : **28/07/2026**

Your Account Details

Account Name : **GULF DRUG LLC**

Contact Number : **04 5014032**

Account Holding Country : **UAE**

Debit Account Number : **0 2 0 0 8 1 8 8 1 1 0 0**

Reference for your account :

Currency of Debit Account : **USD**

Payment Details

Currency of beneficiary account : **USD**

Currency to be debited : **USD**

Amount to be debited : **243.85**

Amount in Words : **Two Hundred Forty-three US Dollars AND Eighty-five Cents sent in US Dollars**

Account to be debited on : **03/08/2026**

DD/MM/YYYY

Funds Transfer Charges : **Debit account to pay all charges**

Purpose of Payment (For Regulatory Purposes) :

GDI-Goods Bought - Imports in CIF value

Kindly refer to the schedule of services and tariffs for the latest service and price guide

* This field will only be filled in the event an exchange rate has been quoted and agreed with HSBC Treasury, in which case such specific rate will apply to your transaction. If this field is left empty, the exchange rate which will apply to your transaction will be the applicable exchange rate in force at the date and time at which the relevant transaction is processed by us. Please note that exchange rates provided in our branches and call centres are indicative only and are subject to change based on market fluctuation during the day. If your transfer request is received after our cut off times, your transaction will be processed on the next working day.

Exchange Rate* :

Forward Deal / Exchange Contract Reference or Dealer Name :

GDI

Beneficiary Details

Account Number / IBAN: **GB82BUKB20784289771244**

Beneficiary Bank Code : **BUKBG22**

Beneficiary's Full Name: **VIAMED LTD**

Bank Code Type : **SWIFT**

Beneficiary's Address: **15 STATION ROAD CROSS HILLS KEIGLEY**

WEST YORKSHIRE BD20 7DT

Country: **United Kingdom of Great Britain and Northern Ireland**

Payment Reference: **GDI**

INV MVM164808 PO 119 131448

SORT CODE 20 78 42

Optional

Optional

☒ I/We confirm that:

- As applicable, the HSBC Personal Banking General Terms and Conditions, the Corporate Banking General Terms and Conditions or other terms as agreed in writing between the customer and HSBC are applicable to this transfer.
- I/We have read and understood the Important Information provided and in bank of the beneficiary based on the beneficiary IBAN. All other information provided such as the beneficiary name and address will not be used.
- As per Central Bank guidelines, credit to accounts and in bank of the beneficiary based on the beneficiary IBAN. All other information provided such as the beneficiary name and address will not be used.
- The Bank shall only process this funds transfer instructions per the information on the Smart form (number reflected in the barcode) and shall disregard any handwritten information on the Smart form (number reflected in the barcode) and shall disregard any handwritten information on the Smart form (number reflected in the barcode).
- The information supplied on the Smart Form is true, accurate and complete.

HSBC Oman - www.hsbc.om

HSBC Qatar - www.hsbc.com.qa

HSBC Bahrain - www.hsbc.com.bh

HSBC Kuwait - www.hsbc.com.kw

HSBC Egypt - www.hsbc.com.eg

HSBC UAE - www.hsbc.ae

Signature

Signature

Bank Use Only (V5)

☐ PPC Completed

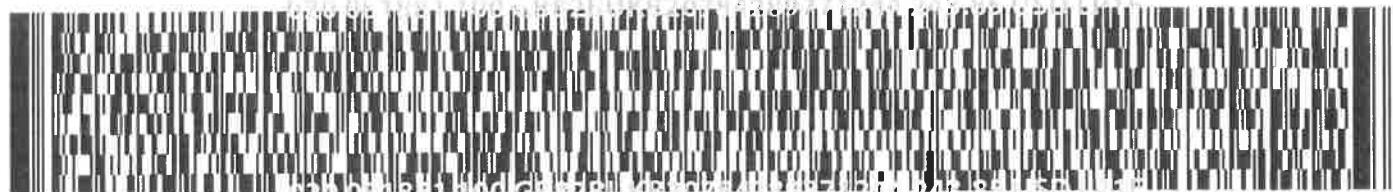
Call Back Yes / No

☐ Signature Verified

HSBC BOXBREM 3A0626A01004

Stamp

Stamp



Handwritten signature