

# INTERNATIONAL TRANSFER REQUEST

Date of request:

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## FROM ACCOUNT

DDF account number:

Account name:

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## PAYMENT DETAILS *(choose an option)*

Australian Dollar

Foreign Currency: \_\_\_\_\_

AUD Amount to be debited:

Foreign amount to be remitted:

AUD Amount in words:

Foreign Amount in words:

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## BENEFICIARY DETAILS

Beneficiary's name:

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Street address:

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Bank name and address:

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IBAN or Account Number and BSB/Sort Code:

SWIFT (BIC) Code:

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Invoice Number/Payment Reference details:

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## INTERMEDIARY BANK DETAILS (IF APPLICABLE)

Bank name and address:

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SWIFT code (if known)

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Payment information and details for Beneficiary:

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Instructions for paying bank:

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## SIGNATURE(S)

**By signing, you acknowledge that you have verbally confirmed the payee's account details with them.**

Signed:

Signed:

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Name:

Name:

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Date:        /        /

Date:        /        /

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(must be a current authorised signatory)

(must be a current authorised signatory)

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## SEND COMPLETED FORM & COPY OF INVOICE/CORRESPONDENCE FROM SUPPLIER TO:

**Diocesan Development Fund**, 170 William Street (PO Box 611), Rockhampton Q 4700, [ddf@rok.catholic.net.au](mailto:ddf@rok.catholic.net.au)

OFFICE USE ONLY		
Date received:	Signatures confirmed:	Cut-off time:
Processed:	Authorised:	