

Outgoing payment

Individual or company

PLEASE FILL IN THE FORM AND SEND IT TO US BY POSTAL MAIL OR E-MAIL TOGETHER WITH A SIGNED AND DATED COPY OF BOTH SIDES OF YOUR ID CARD.

> Applier

INDIVIDUAL:

Name First name

or COMPANY

Company denomination

Street Nr Post code

City Country

Keytrade Bank Luxembourg account -

> Credit account

IBAN nr.....

Name + First Name of the account holder

Or Company denomination of the account holder

ADDRESS OF THE BANK AGENCY:

Name of the bank BIC Code

Street Nr Post code

City Country

Amount to transfer + currency Amount in all letters

Communication to beneficiary

Reason for the transfer

Relation between the applier and the beneficiary

> Intermediary (if necessary)

Name of the bank BIC Code

Street Nr Post code

City Country

> Signature

Place..... Date