

FINANCIAL COOPERATIVE ASSOCIATION OF INTERNATIONAL CIVIL SERVANTS

COOPERATIVE SOCIETY SA - R.C. N° B35566

REGISTERED OFFICE 25A BOULEVARD ROYAL L-2449 LUXEMBOURG	POSTAL ADDRESS BP 268 L-2012 LUXEMBOURG	TELEPHONE (+352) 42 36 61 1	FACSIMILE (+352) 42 36 61 240	INTERNET WWW.AMFIE.ORG	E-MAIL AMFIE@AMFIE.ORG
	order instru sent to AMFIE by			For AMFIE use only Fax: Balance: Confirmation tel. on: Reason:	Exe:
Full name (capital le	tters): Mr, Mrs, Ms				
AMFIE account No.:		Your actual telephone or email:			
Amount and currency o letters):	f the withdrawal (capital				
Amount (in figures):					
I authorize AMFIE to proceed with a foreign exchange transaction if necessary.		I authorize AMFIE to draw on my savings account if my current account does not contain sufficient funds to make this withdrawal.			
Date and signature:					
New		Modification			Cancellation
Frequency :	Monthly	Quarterly	Other (specify)		
From		Ending on	OR	until further notice	
Day IMPORTANT: AMFIE will send a For any withdrawal $> \in 50,000$ c		Day Mon thin two working days of receipt of y ne delay is increased by a minimum	th Year your instruction. If a simultaneous curre of five working days.	ncy exchange is being requested, this o	delay is extended to four working days.
by cheque	to be deposited in (country):				
Please issue a cheq		Please issue to the c	order of (capital letters):		
Send the cheque to (name and address):					
Registred mail (will	be charged 5 €)				
by transfer					
Full name and address ((capital letters):	of beneficiary				
Name and address of be	eneficiary's bank:				
IBA	N (International Banking Accoun	t Number) or Numéro de compte		Bank Identifcation	Code (SWIFT) / ABA Routing Number
Currency of the account to be credited :					
Message (capital letters):				

IMPORTANT: Your transfer instruction should indicate the complete account reference. As a rule, the more details you provide, the lower the risk of errors or delays in executing your instruction.