

If you are unable to make it into a branch to complete an IMT from your New Zealand account, fill out this form and send it to us. If you are paying from an ASB Foreign Currency Account please do not use this form. You must use the **Foreign Currency Account Withdrawal Form**, available on our website.

Please type the required information into this form to ensure accuracy. Print, sign, scan and return it to the ASB branch of your choice. Before this request can be processed you will be contacted by ASB to confirm these details.

ASB branch

Email

### 1. Sender Details

Account name

Physical address

Account Owner/Signatory name(s)

Phone number

Debit account number

1	2	3																	
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Bank Branch Account number Suffix

Account number to deduct fees from (if different to the Debit account)

1	2	3																	
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Bank Branch Account number Suffix

**Note:** ASB fee applies and will be deducted from the account number specified above.

Currency (e.g. AUD, USD, GBP, NZD) to be sent

Select and complete one of the following:

NZD equivalent amount to be sent (in words and figures):

OR

Foreign Currency amount to be sent (in words and figures):

### 2. Security

We take the security of your accounts and money with us seriously, so we'd like to ensure that you have not been caught in a hoax, scam or other criminal activity.

Hoaxes and scams are quite sophisticated, and designed to trick and gain access to your bank accounts. Scammers often pretend to be from a reputable organisation like a telecom company, bank, or the Police and will try to get you to make a payment before you have time to fully think about it.

Before proceeding with this payment request, answer the following questions by ticking Yes or No.

Do you know who you are sending the money to?	<input type="radio"/> Yes	<input type="radio"/> No
Have you checked the legitimacy of the person/company/organisation you are paying?	<input type="radio"/> Yes	<input type="radio"/> No
Are you confident this payment is not part of an elaborate scam?	<input type="radio"/> Yes	<input type="radio"/> No
Have you taken the appropriate time to <b>stop and think</b> about this payment?	<input type="radio"/> Yes	<input type="radio"/> No
Are you aware that if this is a scam, there is a very low chance of recovering your money?	<input type="radio"/> Yes	<input type="radio"/> No

Please note that the payment will still be subject to fraud and scam monitoring and may be declined if it is outside ASB Bank's risk appetite.

If you have any concerns with the above questions, we advise that you do not proceed with the payment and please let us know. However if you are confident this is a genuine payment, you may proceed.

### 3. Beneficiary Details

Fields marked with \* are mandatory.

SWIFT code/National Clearing code\*

Beneficiary bank\*

Branch\*

Bank physical address\*

  

Country\*

Beneficiary account number/IBAN\*

Beneficiary name\*

Beneficiary physical address\*

  

Reference for Beneficiary (optional)

Special instructions (if any)

Other banks' charges (tick):  Beneficiary to pay  Sender to pay

Purpose of Payment

### 4. Source of funds

Please tick the most relevant option:

Employment  Sale of asset (e.g. car, tools, house)  Lottery / Betting Win  Gift / Donation  Inheritance

Borrowings  Business proceeds  Rent  Investment income

Other source - please specify

### 5. Authorisations

I/We authorise you to debit our above account with the equivalent of the New Zealand dollar value calculated at the exchange rate applicable.

I/We further understand that all International Money Transfers initiated on behalf of me/us by ASB Bank are governed by the 'Foreign Exchange Terms & Conditions' which I/we am/are bound by.

I/We agree that if I/we have answered 'yes' to any questions in section 2 and the payment is subsequently found to be the result of a hoax, scam or other criminal activity, ASB will not be liable for any lost funds.

**Note:** Account Mandate must be followed (e.g. if account requires two signatures, both parties must sign).

Authorised signatory

Full name

Date

D	D	M	M	Y	Y	Y	Y
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Authorised signatory

Full name

Date

D	D	M	M	Y	Y	Y	Y
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**IMPORTANT: Identification is required.**

Please print, sign, scan and return this form. You **must** also include a copy of one of the following identification types:

Passport  Driver License

Identification must be current and valid (e.g. not expired).

### For Bank Use Only

To be completed by staff members loading the IMT

- I have contacted and identified account owner(s)/signatories.
- I have verified instructions (currency, amount, beneficiary details) match form.
- I will scan and upload form to DMS once transaction completed.

Processed by PSNL Number

Independent Authorising PSNL

To be completed by branch when centralised IMT loading is required:

- I confirm that I have completed the Branch Banking IMT Process Steps 1-4 prior to scanning this form to DMS and assigning a note to 3201-IMTs.

Confirmed by PSNL Number

Authorised by Management PSNL Number

Date Stamp

Place form in Branch Maintenance forms for the day.