

# Request for Telegraphic Transfers and Bank Drafts

**I hereby request the following transaction:**

## About Me

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| First Name           | Surname              | Home Phone No.       | Mobile Phone No.     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Work Phone No.       | Member No.           |                      |                      |
| <input type="text"/> | <input type="text"/> |                      |                      |

### Residential Address

|                                 |                      |                      |                      |
|---------------------------------|----------------------|----------------------|----------------------|
| Unit No./Street No./Street Name | Suburb/Town          | State                | Postcode             |
| <input type="text"/>            | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### BSB/SORTCODE/BIC

|                               |                      |
|-------------------------------|----------------------|
| Beneficiary's bank name       | <input type="text"/> |
| Bank address                  | <input type="text"/> |
| Beneficiary's name            | <input type="text"/> |
| City                          | <input type="text"/> |
| Country                       | <input type="text"/> |
| Beneficiary's Account No/IBAN | <input type="text"/> |
| Additional information        | <input type="text"/> |
|                               | <input type="text"/> |
|                               | <input type="text"/> |

## Details of Foreign Currency payment

|                                    |  |
|------------------------------------|--|
| Foreign Currency or AUD equivalent | <input type="text"/>   |
| Amount                             | <input type="text"/>   |
|                                    | Draft <input type="checkbox"/> TT <input type="checkbox"/> (please tick) |

### Beneficiary's Details:

Name

## Delivery and Payment Instructions

Deliver Draft to this address

OR Collect from your nearest SGE Service Centre

Refer to our Fees & Charges and Privacy Policy brochure or internet site for details on our Privacy Policy.

**By signing below I agree to the delivery conditions above.**

|                            |                      |                      |                      |
|----------------------------|----------------------|----------------------|----------------------|
| Account holder's signature | Date                 | Member Name          | Member No.           |
| <input type="text"/>       | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Payment instructions:

Please debit account S  Account Holder signature

If you have any questions, please call SGE Direct on 1300 364 400 or visit [www.sgecu.com.au](http://www.sgecu.com.au).  
Please fax completed application form to SGE Direct on (02) 9687 2397 or email [sge@sge.com.au](mailto:sge@sge.com.au).

For office use: Exchange rate (rate applicable on receipt of this form)  Date  Sig checked