O seu Banco, O seu Futuro

(V. 03 of 03/2025)

iibCV International Debit / Transfer Authorization

Branch / Service Desk

		Date:

Account Holder

Customer/Account No.: Currency: IDPN:

Name:

Address:

Email: Contact: +_____ | _____

Payment of Expenses

OUR / By the Ordering | ☐ BEN / For the Beneficiary | ☐ SHA / Shared Expenses | ☐

Transfer / Payment Details

Currency: Amount: Amount in Words:

Description / Purpose of the Transfer

Beneficiary

Name:

Address:

Bank:

IBAN:

SWIFT / BIC Code: ABA / Rounting Nº:

Intermediary Bank:

Ordering Signature

_____

According to the Signature Form

iibCV - Commercial	iibCV - Operations
Signature: _____	Signature: _____
Date:	Date:

I have verified the data in this document by comparing it with the original documents