O seu Banco, O seu Futuro

(V. 03 of 03/2025)

iibCV Debit / Transfer Authorization

Branch / Service Desk

		Date:

Account Holder

Customer/Account No.: Currency: IDPN:

Name:

Address:

Email: Contact: +_____ | _____

Transfer Order

One-time | ☐ Monthly | ☐ Half-yearly | ☐ Other | ☐ ☐ Normal | ☐ Urgent | ☐ Immediate | ☐

Amount: Amount in Words:

Transfer Start Date: Transfer End Date:

Description / Purpose of the Transfer

Beneficiary

Name:

Address:

Bank:

Account No.: NIB:

(For Internal Transfers – iib) *(For Interbank Transfers – OIC)*

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