



## APPLICATION FOR REMITTANCE (Telephone, Fax, e-Mail)

Date / / □ Domestic	☐ S. Korea ☐ Intern	ational	DAILY REMITTANCE CUT-OFF TIME: 3:00PM ET			
Amount: \$	Fee: \$	Total:	: \$			
*All Salde are required to Sil aut						
*All fields are required to fill out ORIGINATOR NAME:						
ACCOUNT NUMBER:		Т	EL:			
ADDRESS:						
	Beneficiary Bank					
BANK NAME:	BAN	IK ADDRESS:				
ABA or SWIFT #:	INTE	ERMEDIARY BAI	NK.			
ABA OI OWII I #.		(If Necessary)				
	Beneficiary Informati	on				
BENEFICIARY NAME:	Denominary milerinari	<u></u>				
BENEFICIARY ACCOUNT #:		Т	EL:			
BENEFICIARY ADDRESS:						
PURPOSE OF REMITTANCE:						
PURPOSE OF REMITTANCE:						
SPECIAL INSTRUCTION:						
(Optional)						
Signature of Applicant:			Date:			
By signing of the 'Signature of Applicant', the applicant agrees to accept terms						

## REMITTANCE AGREEMENT

I hereby appoint NewBank ("the Bank") my agent for the purpose of effecting a payment per the details given on the face of this order. When I direct the funds received from me to be remitted in foreign values, the Bank may, I in its discretion, convert said funds received from me into said foreign values at the Bank's selling rate on the day such funds are received, unless I direct the Bank in writing to charge an account maintained by me in the foreign funds to be remitted for the amount of the remittance. The Bank's statement in writing that it has made such a conversion referred to above shall be conclusive, and in such a case, the order in this instrument shall be construed as an immediate purchase by me of the amount of said foreign funds at my sole risk. The said remittance may be made by the Bank through its customary channels may make the said remittance, and the Bank is absolved from any and all liabilities for loss arising from any cause beyond its control, including, but not limited to the following:

- The act, failure or neglect of any agent or correspondent selected by the Bank for the remittance thereof;
- Any delay, error, omission or default of any mail, telegraph, cable or wireless operator;

FAX NUMBER

The acts or edicts of any government or governmental agency or other group or groups exercising governmental powers, whether de jure or de facto.

When a Request contains a name and account number, payment may be made by Bank and/or by other banks to which a Request is forwarded based solely on the account number even if the account number identifies a beneficiary different from the beneficiary name by customer. Customer acknowledges that Bank and other banks to which a Request if forwarded may relay on any bank identification number supplied by Customer as a means to identify any other bank, even if the identification number is different than the bank named by Customer. Customer acknowledges that payment orders may be received by us and may be executed by us using Federal Reserve Communication System (FED wire), and will be subject to Regulation and its accompanying Subpart B.

The Bank shall be under no obligation to obtain the receipt of the payee. That Bank on request will use its best effort to trace payment. No request for tracing shall be made prior to three weeks from date of this order.

The Bank shall not be liable to make any refund prior to receipt by it of continuation of order of cancellation from the correspondent, agent or subagent engaged by the Bank to effect the transmittal and in the case of funds already converted, only on the basis of the Bank's buying rate on the day refund is made less the expenses of the Bank, its correspondents and agents. The Bank may discharge said liability, if any, by assigning to me its interest in any credit which may be established as a result of this order with its correspondent, agent or subagent.

BANK USE ONLY											
FOR INTERNATIONAL REMITTANCE ONLY		ncy: Exchange F		Exchange Rat	te: Ban			Ref:			
Call Back Verification by:	Call Bac	k Verification:	Call Back Verification with:					Question Used in Verification (Check at least two)			
Name:	Date:		Name/Title:					SSN/TIN/EIN		Driver License #	
Sign:	Time:	Tel:					Mother's Maiden Name			Last Date & Amount of Deposit	
Prepared by:	Verified by	Verified by:		OFAC Reviewe	ed By:	Processe	ed by:	,		pproved by:	

NY AREA: Flushing Branch 718-353-8482 /Bayside Branch 718-795-2656 / Manhattan Branch 212-897-2843 NJ AREA: Fort Lee Branch 201-224-8002 / Closter Branch 201-297-8041 / /Hudson Lights Branch 201-366-0880

NBD-B19921-B Rev. Oct.. 2022