

**GCI****REQUEST FOR BANK WIRE TRANSFER (* = Mandatory Fields)**

*** Date**

(dd mmm yy)

*** Currency**

USD or EUR

*** Amount****GCI Account Information** (Details of the account that the funds will be taken from)

* Login Username

*Account Number

50 | Ordering Customer (Your details)

* Name

*Street

*Town / City

*State / Country

*Telephone

*email

57 | Beneficiary Bank Information (Your Bank details)

* Bank code (e.g. - SWIFT-BIC)

* Bank Name

* Street

* Town / City

* State / Region

* Country

59 | Beneficiary Account Information (Your Bank account details) **Note:** *Third party payments are not permitted.*

* Bank Account Number / IBAN

* Bank Account Name

70 | Payment Details if any (Example - Invoice No 1234)

* Will you be closing your GCI account? YES NO

Any comments on our service?

Authorised Customer Signature: I / We accept that this request is governed by the Accounts General Terms & Conditions of GCI Financial LLC.

*** Place & Date***** Signature**

All information provided will of course be kept CONFIDENTIAL.

Please fax the requested document(s) to any of our fax numbers available at <http://www.gcitradng.com/fax.htm>Alternatively, you can scan and email the documents to payments@gcitradng.com