



PAYMENT APPLICATION FORM G3

(Please Print BOLDLY in Beneficiary's handwriting)

NAME OF APPLICANT :

COMPANY ADDRESS:

INVOICE NO.: **PURCHASE ORDER NO :**

TELEPHONE: **FAX :** **E.MAIL:**

PURPOSE OF PAYMENT:

CONTRACTOR'S IDENTIFICATION PERSONAL NUMBER :

CONTRACT SITE(S): **YEAR OF COMPLETION :**

CONTRACT SUM :

BENEFICIARY'S BANKERS:

ADDRESS:

ACCOUNT NO:

SWIFT CODE : **ROUTING NUMBER :**

I/WE HEREBY DECLARE THAT ALL INFORMATION STATED ABOVE IS CORRECT/ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THIS BODY HAS FULL AUTHORITY TO APPROVE OR DISAPPROVE THIS APPLICATION BASED ON ALL INFORMATION STATED ABOVE.

.....
NAME/SIGNATURE OF BENEFICIARY

.....
COMPANY'S SEAL OR STAMP/DATE