

FUND TRANSFER INSTRUCTIONS

APPLICANT INFORMATION		
Date	ALL EICANT IN ORMATION	
Account Holder / Company		
Name		
ID No. (Ced. / Pass. / RIF / RUC)		
Holder's Address		
Authorized Signatory Person		
Avanza Account Number		
Amount in numbers		
Amount in letters		
Currency		
	BENEFICIARY BANK	
Bank Name		
Address of the Bank		
Routing Number (ABA)		
SWIFT (If applicable)		
BENEFICIARY INFORMATION		
Name / Company Name		
Beneficiary's Address		
Beneficiary Account Number		
Type of Account (Savings or Checking)		
INTERMEDIARY / CORRESPONDENT BANK (OPTIONAL)		
Bank Name		
Address of the Bank		
Routing Number (ABA)		
SWIFT (if applicable)		
Account Number		
	ADDITIONAL INFORMATION	
Purpose of the Transfer		
Authorized Signature		

FOR INTERNAL USE OF AVANZA CASA DE VALORES	
Reviewed by:	
Verified by:	
Processed by:	