

# DOMESTIC TRANSFER APPLICATION(WITHDRAWAL)

008

(翌営業日付取引の場合、要スタンプ)

I agree to the contents of the Terms and Conditions For Transfers and apply the following transfer.

● Please fill in the information within the bold lines (by CAPITAL BLOCK LETTERS)

- The payment for the transfer(including commission)will be deducted from the designated account specified below as debit account.
- Specified fee will be required in case you request to cancel or amend this transfer.
- In the case of transfer to PRESTIA MultiMoney Yen Savings A/C, please circle 1 S/A.

Execution Date	20	Year	Month	Day
Branch Name				

DATE 20 / /

BANK	THE NAME OF FINANCE INSTITUTION		▼Please circle one.					BRANCH(支店)				
			Bank 銀行	Shinkin 信金	Shinkumi 信組	Rokin 労金	Nokyo 農協	Mini BRANCH(出張所)				
ACCOUNT	TYPE(▼Please circle one.)		NUMBER ▼Please right-align the number.					AMOUNT ▼Please right-align the amount with only one digit in each box and add ¥ mark.				
	<input type="radio"/> 1 S/A 普通 <input type="radio"/> 2 C/A 当座 <input type="radio"/> 4 S/P 貯蓄 <input type="radio"/> 9 OTHER その他		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					¥ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
NAME												
NAME	Mr. Ms.					Day phone(mobile recommended) ( ) -						

Please write the payee's name correctly to avoid non-acceptance of the fund.

METHOD OF PAYMENT	DEBIT ACCOUNT	
<input type="checkbox"/> Account Debit *Please fill in the right column → <input type="checkbox"/> Cash	Branch Name or No. ▼Please check one SA/P-MM <input type="checkbox"/> CA <input type="checkbox"/> Other <input type="checkbox"/>	Branch Mini Branch A/C No. ▼Please right-align the number. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ACCOUNT NAME(Please fill in only if remitter name is different.)		

Registered Seal or Registered Signature



取引番号 84701 ワンオペ都度振込 現金払: 僚店解除	受付方法 1. 来店 2. 郵便等 3. 代理人	受付	印鑑署名照合	CF	記帳	承認	高額承認
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NOTE 備考:

通番	COMMISSION
TOTAL	

- For "TERMS AND CONDITIONS FOR TRANSFERS",  
You can see it on “SMBC Trust Bank Customer Agreements”.  
You can download it at  
<https://www.smbctb.co.jp/en/termsandconditions/>  
If you have any question, please contact bank staffs.

