

SAMPLE for Domestic Remittance in Foreign Currency

外為送金依頼書 APPLICATION FOR CROSS BORDER TRANSFER

私は振込規定（海外送金）の内容に同意し、下記送金を依頼いたします。
I agree to the contents of the Terms and Conditions for Transfers (Overseas Remittances) and apply for the following transfer.
◎太枠内をアルファベット大文字・ブロック体でご記入ください。該当事項の□欄に✓印をご記入ください。
◎Please fill in all sections within bold lines in BLOCK CAPITALS. Please mark the appropriate box(es) with a "✓".

依頼人 / Applicant 名前 / Name *Please fill in your full name (Passport Name). 依頼人英文名 ※当行登録正式名で関係銀行に通知されます。変更が必要な場合は名義変更手続をお願いします。 Your registered name with us will be notified to intermediary banks. If necessary, please apply for the change request of account holder's name.		申込日 Date 20XX年XX月XX日 Year Month Day
① 若草 花子 HANAKO WAKAKUSA		届出印または届出署名 / Registered Seal or Registered Signature ② <i>Hanako Wakakusa</i>
英文住所 / Address ③ X-X NISHI-SHIMBASHI, MINATO-KU, TOKYO		
日中連絡先 / Day Phone (080) XXXX -XXXX		
電子メールアドレス / E-mail address ④ ○○○○@○○○		
電信送金種類 (店頭受付時間) Telegraphic Transfer Type (Cut-off Time)	送金金額 ※送金通貨記号もご記入ください。 Transfer Amount ※Please specify currency code.	
・国内他行宛外貨送金 (10:45) ・海外宛送金・外為円決済 (11:45) ・SMB C信託銀行宛外貨送金 (13:15) ・海外宛外貨送金 (15:00) ・Domestic remittance to other bank in foreign currency (10:45) ・Overseas remittance in yen or foreign exchange (11:45) ・Remittance to SMBC Trust Bank in foreign currency (13:15) ・Overseas remittance in foreign currency (15:00)	ドルの場合、USD、AUD などをご記入ください。 For dollars, please specify as USD, AUD, etc.	⑤ USD 30,000.00
関係銀行手数料：受取人負担とします / Intermediary Bank Fees: Beneficiary pays all charges. 関係銀行手数料の依頼人負担を希望する場合は、下記チェックボックスにてご指定ください。その場合は関係銀行手数料を依頼人負担とする指図書として所定の金額を申し受けます。 If the applicant chooses to pay the intermediary bank fees, please tick the box below. In that case, we will have to instruct the intermediary(s) and beneficiary bank to accept the arrangement, and we will also request the applicant to pay the Arrangement Fee at this moment. <input type="checkbox"/> 依頼人負担指図 / Applicant to absorb Intermediary Bank Fees ※いかなる場合も指図書手数料の払い戻しは致しかねます。 ※中継銀行および受取銀行が手数料の依頼人負担指図を拒絶する場合、最終的に関係銀行手数料が発生しなかった場合、受取銀行が受取人に別途手数料請求する場合等があることをご了承ください。 ※Please note that the above Arrangement Fee is non-refundable anyway. ※Please also note that the intermediary bank(s) and the beneficiary bank may refuse to charge the intermediary bank fees to the applicant, that the intermediary bank fees may not ultimately be incurred or that the beneficiary bank may charge its own fees, if any, to the beneficiary.		

支払方法 / Payment Method 該当する支払方法をチェックし、口座番号をご記入ください。 / Check the boxes of account type and specify the account number.			
取引支店名 Branch Name OTEMACHI	支払内容 Payment details 送金元本 Principal ⑥ 諸手数料 Commissions	科目 Account Type <input type="checkbox"/> 円普通 Yen Savings Account <input checked="" type="checkbox"/> プレステリアマルチマネー (外貨) PRESTIA MultiMoney Account (Foreign Currency) <input type="checkbox"/> その他 / Other [] <input checked="" type="checkbox"/> 円普通 Yen Savings Account <input type="checkbox"/> プレステリアマルチマネー (円) PRESTIA MultiMoney Account (Yen) <input type="checkbox"/> その他 / Other []	口座番号 Account Number 99999999 11111111
受取人取引銀行 / Beneficiary Bank SWIFT BIC アドレス / SWIFT BIC Address ⑦ 99999999 XXXXXXXXXX オーストラリア (SWIFT Code) に加えて BSB No. (いずれも必須)。その他銀行コードがあればご記入ください。 Please specify any other banking codes if any required. (eg. BSB No. for Australia.)			
銀行名 / Beneficiary Bank Name ⑧ THE BANK OF ○○○○○○		支店名 / Branch Name TOKYO BRANCH	
支店住所 / Branch Address Please be sure to fill in the boxes with "※必須".			
通り名、町名、番地 / Street, Block ⑨ X-X-X, MARUNOUCHI	都市名 / Town, City Name ※必須 CHIYODA-KU	州名・省名 / Country Subdivision ※必須 (あれば / If any) TOKYO	国名 / Country ※必須 JAPAN

[To Customer]

Please note that we may call you to confirm your application after we have received it.

Please use Capital Block Letters.

- Please fill in the name of the bank account registered with us. For corporate customers, please fill in the title and the representative's name in addition to the company name.
- Your Seal or Signature registered with us.
- Your address and a phone number at which you can be reached during the day.
- If you have already registered your e-mail address with us, you do not need to fill in. Please fill in your e-mail address if you have not registered it or if you need to fill in an e-mail address different from the one registered with us.
- The currency and the amount to the second decimal place are required for transfers in foreign currency. Please refer to the below sample in case you intend to transfer the whole balance of your USD cash account and intend to send us the application by mail: e.g. The whole balance of USD cash account.
- The amount will vary depending on your account status and/or chosen channel. For details, please refer to "Service Charges > Transferring funds" on the official SMBC Trust Bank web site. <https://www.smbctb.co.jp/en/service/fees/transferring.html>
- Please fill in the SWIFT BIC address of the beneficiary bank.
- Name of bank and branch and address of the branch of the bank.
- Please be sure to fill in the boxes with "※必須". The transaction cannot be accepted without this information.

SAMPLE for Domestic Remittance in Foreign Currency

Please use Capital Block Letters.

受取人 / Beneficiary			
受取口座番号またはIBAN ※欧州・中東向け送金などIBANが求められる場合にはご記入ください。IBANがない場合は送金資金が返却されることがあります。 Beneficiary Account Number / IBAN Code ※Enter the beneficiary's IBAN if you send the money to a European or Middle Eastern country where IBAN is mandatory. Funds sent without IBAN may be returned.			
X	X	X	X
X	X	X	X
受取人 英文名 / Beneficiary Name ○○○○ LIFE INSURANCE			
10 受取人住所(省略不可) / Beneficiary Full Address Please be sure to fill in the boxes with "※必須".			
部署名 / Department	課 / Sub Department	通り名、町名、番地 / Street, Block ※必須 〇-〇-〇, MARUNOUCHI	
建物番号 / Building No.	建物名 / Building Name	階数 / Floor	私書箱 / Post box (公的登録住所の場合のみ / Only for Legal Address)
部屋番号 / Room No.	郵便番号 / Post Code	都市名 / Town, City Name ※必須 CHIYODA-KU	地名 / Town Location Name
地域 / District Name	州名・省名 / Country Subdivision (あれば / If any) ※必須 TOKYO	国名 / Country ※必須 JAPAN	
受取人電話番号 / Beneficiary Phone No. 03-△△△△-△△△△		本社(本店)所在国名 ※受取人が法人の場合は必ずご記入ください。 Country name of the Headquarters (Head Office) 11 JAPAN ※Please specify if the beneficiary is a corporation.	
最終受取人 / Final Beneficiary			
証券会社・投資会社等の口座を通じて最終受取人口座への入金をご依頼の場合、名義・口座番号等の受取人情報をご記入ください。 Please be sure to specify the information of the final beneficiary for a remittance via an account with a third-party such as a securities firm or investment company.			
最終受取人住所(省略不可) / Final Beneficiary Full Address			
受取人宛連絡事項 / Remittance Information			
12 CUSTOMER NO.XXXXX			
13			
送金目的等 / Purpose of Remittance etc. ※詳細を英語でご記入ください。			
<input type="checkbox"/> 物品購入の場合(詳細をご記入ください。日本語可) / Purchase of goods (Please specify the details below.)			
商品の品目 / Name of goods []		原産地 / Place of origin []	
最終目的地 / Final destination []		船積地域 / Place of shipment []	
<input type="checkbox"/> 投資の場合 / Investment (Please specify the details below.)		<input type="checkbox"/> 貸付の場合 / Loan receivable (Please specify the details below.)	
<input checked="" type="checkbox"/> 上記以外 / Other than above PREMIUM PAYMENT		国際収支項目番号 / BOP Code []	
資金源(日本語可) / Source of funds		支払等報告書 / Payment Report <input type="checkbox"/> 提出 / Necessary <input checked="" type="checkbox"/> 提出不要 / Unnecessary	
		受取人との関係(日本語可) / Relationship with recipient	
内容をご確認のうえ ☑をご記入ください。 Please read and check☑		14 「海外送金等外為取引をご利用のお客様へ」を確認しました。 「外国為替及び外国貿易法」「米国OFAC」の規制対象取引に該当しません。 I understand the Notice regarding International Money Transfer and other Foreign Exchange Transactions. I declare that this money transfer does not fall under the regulated transactions of "Foreign Exchange and Foreign Trade Law" and "OFAC Sanctions."	
		許可等の日付・番号 License date / number ☑	

10 Please specify the beneficiary's address including Country, State/Province, City, and Street number. (Abbreviation and P.O.BOX are unacceptable.) The transaction cannot be accepted without this information.

Street, Block	Town, City Name	Country Subdivision	Country
1-3-2, MARUNOUCHI	CHIYODA-KU	TOKYO	JAPAN
1306 ●●STREET	SANJOSE	CA	USA

11 Country name where the headquarters/head office is located is also required if the beneficiary is a corporation.

12 Please fill in reference number or ID number, if necessary. Please attach a copy of detail transfer instruction if available.

13 Please specify the purpose of the remittance in English such as FAMILY SUPPORT, TRAVEL FEE PAYMENT, etc. If you are purchasing an item, please write the item name, place of origin, place of shipment and final destination. If it is an investment or loan, please provide the transaction details.

14 Please check the box after reading "Notice regarding International Money Transfer and other Foreign Exchange Transactions."