

STATE BANK OF INDIA
19, SOUTH La SALLE STREET, SUITE 200, CHICAGO, ILLINOIS - 60603, USA.
WIRE TRANSFER REQUEST / AUTHORIZATION

1. AMOUNT IN US DOLLARS : _____
2. (a) BANK NAME : _____
(Here write the Name of the Bank in USA to whom/through whom the wire is to be sent/routed)
- (b) BANK ABA NUMBER : _____
- (c) ADDRESS OF THE BANK : _____
(With City & State)
3. (a) NAME OF THE BENEFICIARY'S BANK: _____
[Here write the Name of the Bank (if different from above) where the Beneficiary maintains the account]
- (b) ADDRESS OF THE BENEFICIARY'S BANK _____
- (c) ACCOUNT NO. OF THE BENEFICIARY'S BANK _____
(Beneficiary's Bank account with Bank mentioned in column No 2.)
4. FURTHER CREDIT TO : _____
- (a) BENEFICIARY'S NAME _____
- (b) BENEFICIARY'S ADDRESS _____
- (c) BENEFICIARY'S ACCOUNT NUMBER _____
5. (a) PURPOSE OF REMITTANCE : _____
- (b) SOURCE OF FUNDS : _____
6. SPECIAL INSTRUCTIONS : _____
(If any)
- DEBIT** (a) ACCOUNT NUMBER: _____
(Your Account number with SBI Chicago)
- (b) ACCOUNT NAME : _____
- (c) ADDRESS : _____
- (d) SIGNATURE : _____
(With Date & Time)

FOR OFFICE USE ONLY

DEPT. REF # WT /14 / PREP BY: _____ VERIF BY: _____ AUTH BY: _____

WIRE ENTERED BY : _____ WIRE AUTH BY : _____

WIRE MP NUMBER _____ DATE: _____