



SEFT

Seychelles Electronic Funds Transfer Service FUNDS TRANSFER APPLICATION FORM

Seychelles Credit Union | P.O. Box 342, Cooperative House, Manglier Street/Huteau Lane, Victoria, Mahé, Seychelles
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Sender Branch Name:

Date (DD/MM/YYYY):

I/We request a fund transfer as follows

Value Date (DD/MM/YYYY):

Currency:

SCR

Amount:

Amount in Words:

Seychelles Rupees:

Receiver Details

Bank Name:

A/c Name:

A/c Number:

Mobile Number:

Email Address:

Narration (Beneficiary Information):

Purpose of Transfer (AML Requirement):

Sender Details

A/c Name:

A/c Number:

Mobile Number:

Email Address:

By signing this form I/we confirm that the above information provided are correct and that I/we have read and agree to the terms and conditions overleaf.

Authorised
Signatory:

Authorised
Signatory:

Entered By:

Verified By:

Transaction Ref:

Customer ID:

SEFT Ref No:

Terms and Conditions

1. I/We shall take full responsibility for the correctness of all information provided on this form.
2. I/We understand that I/we shall be responsible for the accuracy of the particulars given in this form and I/we shall be liable for any loss in this payment request and shall be liable to compensate the SEFT members for any loss arising from the error in my/our payment request.
3. I/We shall ensure availability of funds in my/our account before requesting a funds transfer.
4. I/We are aware that in the event that an SEFT member execute the requested transfer on behalf of a customer in the absence of sufficient funds in the customer's account at the time then the customer shall be bound to reimburse the SEFT member the amount paid on his/her behalf.
5. I/We acknowledge that the SEFT member may reject the funds transfer if it has reason to believe that the payment request is an unlawful transaction.
6. I/We are aware that SEFT payment and receipt related notification messages will be communicated via email and/or SMS (Text) mobile message both for the transaction confirmation and rejection.
7. I/We shall take full responsibility to keep my/our contact details and email address up to date. If you wish to change details provided during registration please visit your respective SEFT member (i.e. your bank or the Seychelles Credit Union).
8. I/We understand that the request for funds transfer given after the customer cut-off time of 12:00 p.m. will be processed at the next available settlement day between Mondays to Fridays.
9. I/We shall address any concerns or complaints only to my/our respective SEFT member as soon as the causes of concerns or complaints arise.
10. I/We agree that in the event of any delay in the completion of the funds transfer and/or any loss on account of error in the execution of the funds transfer pursuant to my/our payment instructions overleaf, the SEFT member's liability shall be limited only to the extent of the amount involved in the funds transfer plus interest calculated using the current market rate as determined by the Central Bank of Seychelles.
11. I/We agree that the payment request shall become final and irrevocable when it is executed by SEFT member.
12. I/We understand that the terms and conditions shall only come into force upon signature of the SEFT Funds Transfer Application Form by an authorised signatory.
13. I/We understand that the SEFT member may decline the SEFT transfer request where it has reasons to believe that I/we have not acted in accordance to the terms and conditions of SEFT.
14. I/We understand that the SEFT member may decide not to execute the transfer if the payment request is incomplete or seen to be unreadable.
15. I/We understand that I/we shall be bound by the terms and conditions until either party has formally terminated this agreement.