# APPLICATION FOR **MISCELLANEOUS TRANSACTIONS**

Metrobank
METROPOLITAN BANK & TRUST COMPANY

Date: JUL 14 15, 03 2024

**PLEASE USE ONE FORM FOR EACH TRANSACTION TYPE AND MARK APPLICABLE BOX BELOW**

☐ CASHIER'S CHECK
☐ GIFT CHECK
☐ FOREIGN CURRENCY NOTES ____ Sale ____ Purchase
☐ FOREIGN CURRENCY CHECKS ____ BSC ____ Outright Purchase/Credit
☒ TELEGRAPHIC TRANSFER ____ Local ✓USD ____ Foreign
☐ DEMAND DRAFT ____ USD ____ Other FXCY

**Validation**

353-2-35300272-9 SNACKERS PLUS 07/02/2024 10:44:10 SFTT ON
0006 353 28318 15479 USD 25,523.83 DM
58.550000 25,513.83 TC 10.00 #353FTT0702240002

(THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED)

**AMOUNT**

In words ***TWENTY-FIVE THOUSAND FIVE HUNDRED THIRTEEN AND 83/100*********
TWENTY FIVE THOUSAND FIVE HUNDRED THIRTEEN AND 83/100

Currency | In figures 25,513.83 (25,513.83)

**MODE OF PAYMENT - PRODUCT**

☐ PESO ☑ FXCY
☐ Cash
☑ Debit Account 353-2-35300272-9 (353-2-35300272-9)
☐ Metrobank Check No.

**MODE OF PAYMENT - BANK CHARGES**

☐ PESO ☑ FXCY
☐ Cash
☑ Debit Account 353-2-35300272-9
☐ Metrobank Check No.

***MODE OF RELEASE***

☐ *Credit Account No.* ☐ Cash
*Account Name*

**SUMMARY OF BANK CHARGES PAID**

FX Rate

| | FXCY AMOUNT | PHP AMOUNT |
|---|---|---|
| Face Amount | | |
| Commission | | |
| Processing/Service Fee | | |
| Documentary Stamp | | |
| Cable | | |
| Postage | | |
| Others (e.g., notarial, handling/swap, etc) | | |
| **Total Charges** | | |
| **Total Amount** | | |

**REPRESENTATIVE AUTHORIZATION**

This will authorize my/our representative whose specimen signature appears below to transact the above and receive the above instrument/notes on my/our behalf.

SIGNATURE VERIFIED

SIGNATURE OF APPLICANT(S) OVER PRINTED NAME

SIGNATURE OF AUTHORIZED REPRESENTATIVE OVER PRINTED NAME

**FOR BANK'S USE ONLY**

| PREPARED BY | REFERENCE NO. |
|---|---|
| APPROVED BY | CUSTOMER RECORD VERIFIED (For FXTT/FXDD only) ☑ Yes ☐ No |

**PAYMENT / DOCUMENT RECEIVED BY**

MB-I-M-170 (Rev. April '17)

50: **APPLICANT / DEPOSITOR / PURCHASER INFORMATION** (Write in bold letters)

LAST NAME / NAME OF CORPORATION: SNACKERS PLUS INT'L CORP
FIRST NAME: N/A
MIDDLE NAME: N/A
PRESENT ADDRESS (House No.,Street,Subdivision,Municipality/City,Province,Country,Zip Code): 2F 1003 UNOQUIETA ST., STA. CRUZ, MANILA
PERMANENT ADDRESS (House No.,Street,Subdivision,Municipality/City,Province,Country,Zip Code): SAME AS ABOVE
DATE OF BIRTH / REGISTRATION: 03-07-2014
PLACE OF BIRTH / REGISTRATION: MANILA
NATURE OF WORK/BUSINESS: IMPORTING OF FOOD ITEMS
SOURCE OF FUNDS: ******** SALES OF FOOD ITEMS
ACCOUNT NUMBER: 3 5 3 - 2 3 5 3 0 0 2 7 2 9

**OTHER APPLICANT INFORMATION** (For Non-Accountholders Only)

NATIONALITY: FILIPINO
EMPLOYER'S NAME (if applicable)
MOBILE NO.: 0998-5511225
HOME / BUSINESS NO.:
TYPE OF ID PRESENTED: ☑ TIN ☐ SSS ☐ GSIS ☐ OTHERS: ____
ID NO.: 008-730-753

**BENEFICIARY BANK INFORMATION** (For Telegraphic Transfer only)

NAME OF INTERMEDIARY BANK / BRANCH & ADDRESS
56A: SWIFT CODE
NAME OF BENEFICIARY BANK / BRANCH & ADDRESS: CHASE BANK 383 MADISON AVE., NEW YORK, NEW YORK 10179, USA
57A: SWIFT CODE: CHASUS33
57D: FEDWIRE or ABA ROUTING / CHIPS / BSB / INTERMEDIARY BANK A/C No.: 021000021

59: **PAYEE / BENEFICIARY INFORMATION**

NAME (Last Name, First Name, Middle Name): GROVARA, INC
PRESENT ADDRESS (House No.,Street,Subdivision,Mun/City,Province,Country,Zip Code) (For FXTT only): 312 RIVER RD GLADWYNE PA 19035, USA
ACCOUNT NO. / IBAN (For FXTT only): 9511128500

70: **PARTICULARS / PURPOSE**

☐ Business Transaction ☐ Payment of Loan
☐ Gift ☐ Termination of Placement
☑ Payment of Purchased Item (i.e., goods, car, etc.) to Supplier/Seller
☐ Others 240701-1101-27491

70: **ORIGINATOR'S INFORMATION** (for Foreign Exchange Dealers and Money Changers only)

NAME
ADDRESS
ACCOUNT NO. / TYPE OF ID & NO.

SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE HEREOF TO WHICH I/ AGREE. THIS WILL AUTHORIZE THE BANK TO (1) DEBIT MY/OUR ACCOUNT FOR THE PAYM AND **APPLICABLE BANK CHARGES ABOVE**, AND (2) DISCLOSE MY/OUR CONTACT DETA ACCOUNT NUMBER AND IDENTIFICATION PAPERS. FURTHER, I/WE DECLARE UNDER PENALTY OF PERJURY THAT MY/OUR CO-DEPOSITOR(S) IS/ARE STILL LIVING.

SIGNATURE VERIFIED

SIGNATURE OF APPLICANT(S)