



## Employee Remittance Application Form

Employer Details:	MOL Number			
Employer Name				
Contact Person	Mobile Number			
Employee/Remitter Details:	Lari Card Number			
Employee Full Name				
Personal Number	Nationality			
Date of Birth	Place of Birth			
Mobile Number	Emirates ID Number 784			
EID Expiry Date	EID Card Number			
Full Address				
Profession	Monthly Remittance Amount			
Expected Annual Activity (Volume)	Expected Annual Activity (Value)			
Beneficiary Details:	Service Type			
Beneficiary Name				
Relationship	Nationality			
Beneficiary ID Type	ID Number			
Issue Date	Expiry Date			
Place of Issue	Country of Issue			
Date of Birth	Place of Birth			
Beneficiary Address				

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Beneficiary City				Beneficiary State			
Beneficiary Country				Beneficiary P.O. Box			
Beneficiary Mobile				Beneficiary Telephone			
Country				Currency			
Bank Name							
Account Type	□ Savings		□ Current		IBAN / Account Number		
Branch Code					Branch Name		
Branch Address							
Swift Code					Bank Code		
Sourc <mark>e of Fun</mark> ds	Salary /				Purpose of Transfer		
Transaction Amount	AED Amo	unt Currency				Amount	
Payment Mode	□ Cash	🗆 La	ari Card	Other Bank Card Number			

## **Declaration:**

I hereby declare that the above information is true and correct, and authorize Lari Exchange to debit my Paymax Salary card account, when the salary is funded, and agree to convert the above mentioned transaction amount to the required currency at the prevailing foreign exchange rate with the charges and commissions. By signing this form, I accept Paymax Card, Paymax Online/ Mobile application and Remittance Terms and Conditions.

Date



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