

Atlantic International Bank Limited (in liquidation)

CLAIMANT PAYMENT INSTRUCTION FORM for 1ST PARTIAL PAYMENT

This form is to be completed and returned by email to liquidatorclaims@atlanticibl.com by 26th March, 2020. Failure to properly complete and send by the due date may result in delays in processing your payment.

Section A: Claimant Information

Name of Account: _____ Claim Reference Number: _____

Section B: Currency of payment- Please tick as appropriate.

I/We confirm that the first distribution partial payment should be in the following currency(ies).

Belize Dollars

Mix of Belize Dollars & US Dollars

Section C: Mode of payment

Belize Dollar Payments:

- A. Electronic bank transfer to a local bank in Belize:

Name of Bank _____

Name of Account _____

Account Number _____ Transit No. (if Necessary) _____

- B. Belize Dollar Cheque

Name of Payee _____

US Dollar payments:

- A. Cashier's cheque:

Name of Payee _____

Mailing Address _____

Zip Code: _____

- B. International Wire Transfer

Beneficiary Bank Information

Name: _____

Address: _____

ABA/Swift: _____

Beneficiary Customer Information

Account #: _____

Name: _____

Address: _____

Intermediary Bank Information

Name: _____

Address: _____

ABA/Swift: _____

Further Instructions (if any): _____

Signatures on this form must be the same as those submitted on the claim.

Authorised Signature of Claimant: _____ Date: _____

Authorised Signature of Claimant: _____ Date: _____