ICBC 中国工商银行

境 外 汇 款 申 请 书
APPLICATION FOR FUNDS TRANSFERS (OVERSEAS)

致：
TO:

日 期
Date

☐ 电汇 T/T ☐ 票汇 D/D ☐ 信汇 M/T　　发电等级 Priority ☐ 普通 Normal ☐ 加急 Urgent

申报号码 BOP Reporting No.	☐☐☐☐☐☐ ☐☐☐☐ ☐☐ ☐☐☐☐☐☐ ☐☐☐☐		
20 银行业务编号 Bank Transac. Ref.No		收电行/付款行 Receiver/Drawn on	
32A 汇款币种及金额 Currency & Interbank Settlement Amount	USD 44,665.80	金额大写 Amount in Words	美元 肆万肆仟陆佰陆拾伍元捌角
其中 现汇金额 Amount in FX		账号 Account No./Credit Card No.	
其中 购汇金额 Amount of Purchase	USD 44,665.80	账号 Account No./Credit Card No.	110202030900059337 9
其中 其他金额 Amount of Others		账号 Account No./Credit Card No.	
50a 汇款人名称及地址 Remitter's Name & Address	Suzhou Diva Lab Inc. Room 201, Building 1, No 205, Tangzhuang Rd., SIP, Suzhou.		
☐ 对公 主体标识码 Unit Code 3 3 6 3 7 8 8 5 - 9		☐ 对私 个人身份证件号码 Individual ID NO. ☐ 中国居民个人 Resident Individual ☐ 非中国居民个人 Non-Resident Individual	
54/56a 收款银行之代理行名称及地址 Correspondent of Beneficiary's Bank Name & Address			
57a 收款人开户银行名称及地址 Beneficiary's Bank Name & Address	收款人开户银行在其代理行账号 Bene's Bank A/C No. Swift Code: CCBCTWTP564 Chang Hwa Commercial Bank Ltd. Chungho Branch		
59a 收款人名称及地址 Beneficiary's Name & Address	收款人账号 Bene's A/C No. 5647-86-889990-00 Diva Laboratories, LTD. 9F, No.351, Sec 2, Zhongshan Rd., Zhonghe Dist., New Taipei City 235602, Taiwan.		
70 汇款附言 Remittance Information	只限 140 个字符 Not Exceeding 140 Characters 全额到帐	71A 国内外费用承担方 All Bank's Charges If Any Are To Be Borne By ☐汇款人 OUR ☐收款人 BEN ☐共同 SHA	
收款人常驻国家（地区）名称及代码 Resident Country/Region Name & Code	Taiwan ☐☐☐		
请选择：☐ 预付款 Advance Payment ☐ 货到付款 Payment Against Delivery ☐ 退款 Refund ☐ 其他 Others			
交易编码 BOP Transac. Code ☐☐☐☐☐☐ ☐☐☐☐☐☐	相应币种及金额 Currency & Amount		交易附言 Transac. Remark
本笔款项是否为保税货物项下付款 ☐ 是 ☐ 否	合同号		发票号
外汇局批件号/备案表号/业务编号			

银行专用栏 For Bank Use Only		申请人签章 Applicant's Signature	银行签章 Bank's Signature
购汇汇率 Rate		请按照贵行背页所列条款代办以上汇款并进行申报 Please Effect The Upwards Remittance, Subject To The Conditions Overleaf:	
等值人民币 RMB Equivalent			
手续费 Commission			
电报费 Cable Charges			
合计 Total Charges			
支付费用方式 In Payment of the Remittance	☐ 现金 by Cash ☐ 支票 by Check ☐ 账户 from Account	申请人姓名 Name of Applicant 电话 Phone No.	核准人签字 Authorized Person 日期 Date
核印 Sig. Ver.		经办 Maker	复核 Checker

填写前请仔细阅读各联背面条款及填报说明
Please read the conditions and instructions overleaf before filling in this application.

第一联 银行留存联

20201I版 210×297mm