

IBAN

Authorized By: (office use only)

Institution #

TEHRANTO TRADE INC

(office use only) Invoice#:

6113 Yonge Street, North York, ON, Canada M2M 3W2 Tel: (416) 225.2345 Fax: (416) 225.2348

Email: info@tehrantotrade.com Website: www.tehrantotrade.com

Please fill out this form and sign it then fax it to our office at (416) 225, 2348 Customer First & Last Name: Date (DD/MM/YYYY): Date of Birth (DD/MM/YYYY): Tel: Occupation: Driver License ☐ / Passport ☐ / Citizenship ☐ Number: Expiry Date (DD/MM/YYYY): Address: State: City: Country: Postal Code: Note: If you are doing this transaction on behalf of someone else as a third Party: First & Last Name: Date of Birth (DD/MM/YYYY): Tel: Driver License □ / Passport □ / Citizenship □ Number: Expiry Date (DD/MM/YYYY): Address: City: Country: Postal Code: Relationship: TEHRANTO Exchange reserves the right to change the contents of these fields and ordering Client consents to the same by completing this form Amount: us □ $CA\square$ Toman \square Euro 🗆 **Beneficiary** First & Last Name: Tel: Date of Birth (DD/MM/YYYY): Occupation: Driver License ☐ / Passport ☐ / Citizenship ☐ Number: Expiry Date (DD/MM/YYYY): Address: State: Postal Code: Country: Bank's Name: Branch Number: City: Account No: **SWIFT**

Note: Tehranto Trade Inc. will not assume responsibility for violation or infringements of any currency restrictions and /or regulation.

Tehranto Trade Inc. may also refuse to admit this application form due to any violation of government laws.

Beneficiary Banking Details

Customer Signature: