



# New Supplier Wire Transfer Registration

NEW  
UPDATE

*requires complete  
payment instructions*

All fields on this form must be completed to ensure prompt processing.

**AFL Business Unit:** TELE AUS NZD MEXICO SWINDON FAA FAI SERVICES  
 For MEXICO: FAM FRM FRZ PMY For SERVICES: OTS ENTS ITCS SPY DGP

Requestor: \_\_\_\_\_ Currency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Oracle Supplier Number Supplier (Company) Name Supplier Pay Site  
 Supplier AR Manager's Name Supplier AR Manager's Phone # Supplier Contact's Email

Beneficiary Bank Name (BBK):

Swift Code#: \_\_\_\_\_ Bank Account#: \_\_\_\_\_

BBK Branch Name:

BBK Bank Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

FOR CANADIAN SUPPLIERS ONLY: Branch Code: \_\_\_\_\_ Transit Number: \_\_\_\_\_ Country: \_\_\_\_\_

## BENEFICIARY:

Beneficiary Account Name (BNF):

(This must match the name on the bank acct exactly.)

Beneficiary Complete Mailing Address:

(Please include city and country.)

City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

If BNF is Different from Supplier Name (Please Explain)

AFL will verbally contact AR manager for banking information validation. Please ensure contact information above is correct.

Supplier Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_