

## **IREMIT OVERSEAS REMITTANCE INSTRUCTIONS**

Visit any iRemit branch near you to fund your COL account.

Total charges are paid to the iRemit counter.

## STEP 1: Fill out the necessary iRemit Forms

- iRemit Remitter Information Form (RIF)
- iRemit Remittance Application Form (RAF)

Note: Forms are available at any iRemit branch

## STEP 2: Fill out the RAF with the following details (sample filled out form on the right)

- Primary Beneficiary: COL Financial Group, Inc.
- Relationship to sender: Broker
- Message: Your 8-digit COL account number
- Purpose of Remittance: Investment
- Important: Do NOT check the Bank-to-Bank option

Note: Crediting of your funding to your COL account depends on the transfer from iRemit to COL Financial but should be approximately (1) business day.

Find the nearest iRemit branch near you at: <u>www.myiremit.com</u>

IREMIT RE	EMITTANCE A	PPLICATION FO		REMIT USE ONL'	Date: 12/27/201
REMITTER INFORMATION					
lame (Pangalan)			Telephone No. (Numero ng Telepono) +631 23456789		
Dela Cruz	Juan M.				
Present Address (Kasalukuyang Tirahan) Unit 1, East Jurong Singapore	Permai 1 Be	nent Address (Permanenteng onifacio St. nila		Office Address (Lug	ar ng Trabaho)
Type of ID/s Presented:			ID Number:		
BENEFICIARY INFORMATION			■ Door-to-Door		
Prmary Beneficiary COL Financial Group, Inc.		·	Alternate Benefi	ciary	
Relationship to Sender Broker			Relationship to Sender		
Home Address (Tirahan)			Bank-to-Bank		Notify & Pay
			Bank Name		Payment Station
			Branch		
			Account Number		Password
endmark	Telephone No. (Numero ng Telepono)		Account Numbe	•	
			VISA Card		
		Card N		mber	
REMITTANCE DETAILS			✓ Others		
Amount and currency in words and figures			Message (for door-to-door only)		
One thousand four hundred SGD (1,400)			8-digit COL Account No.		
			(XXXX – XXXX)		
Purpose of Remittance Investo	nent		1		
Service Fee 2.45	Total 1,402				
Rate 34.80	Peso Equivalent 48	720.00		essing Officer / Staff over Printed Name	Remitter's Signature Over Printed Nar