

**Transaction information**

Description of the transaction's purpose, etc. in accordance with the Money Laundering Act

Date

Client information		
Name/Company	Personal ID No./Corporate registration No.	
Address (street, P.O. box etc.)	Telephone No., daytime (incl. area code)	
City (postcode, name)		
Nationality/Country (if not swedish/Sweden)		
Client in SEB <input type="checkbox"/> Yes <input type="checkbox"/> No	Account No.	Amount
Required transaction		

Origin of the means of payment

The purpose of the requested transaction

Attachments which substantiate the description

Signature	
Place and date	Signature/Company signatory

Banks note		
Identification (type, No, sign.) Filled in by the bank		
Others		
Branch	Administrator	Telephone No. (incl. area code)