



APPLICATION FORM FOR TELEGRAPHIC TRANSFER

Full Name of Beneficiary: **UNIVERSITE DES MASCAREIGNES**

Full Address of Beneficiary: **AVENUE DE LA CONCORDE, ROCHE BRUNES, ROSE HILL
MAURITIUS**

Beneficiary's Account No: **50100000238009**

Beneficiary's IBAN: **MU44STCB1170000000238009000USD**

Telephone Number of Beneficiary: **(230) 460 9500**

Name of Beneficiary's Bank: **SBM BANK (MAURITIUS) LTD**

Address of Beneficiary's Bank: **SBM TOWER, 1 QUEEN ELIZABETH 11 AVENUE, PORT LOUIS,
REPUBLIC OF MAURITIUS**

Beneficiary's Bank Swift Code / IFSC Code: **STCBMUMU**

Purpose of payment:

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Is Beneficiary's a/c a Non Resident External Yes No

Name of Sender / Guardian:

Signature of Sender:

Name of Student:

Student Passport Number:

Date: