

UDM TELEGRAPHIC TRANSFER INFORMATION SHEET

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

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

Beneficiary's Account No: **50300000326854**

Beneficiary's IBAN: **MU17STCB1170000000326854000MUR**

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 II AVENUE, PORT LOUIS,
REPUBLIC OF MAURITIUS**

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

Nature of payment:

Is Beneficiary's bank account located overseas: Yes No

Full Name of Sender / Guardian:

Signature of Sender:

Full Name of Student:

Application Number of Student:

Student Passport Number:

Date: