|  |  |
| --- | --- |
| Beneficiary:  |  |
| Social Security Number:  |  |
| Post Office/Bank Name: |  |
| Post Office/Bank Account: |  |
| Note: Bank charges for remittances |

Please provide the following information to Cashier Section

|  |  |
| --- | --- |
| Beneficiary:  |  |
| Social Security Number:  |  |
| Post Office/Bank Name: |  |
| Post Office/Bank Account: |  |
| Note: Bank charges for remittances |

Please provide the following information to Cashier Section