



AFRIBANK
the efficient and courteous bank

181, Ikot Ekpene Road,
 P.M.B. 7234, Aba
 Tel: 088 224885
 Fax: 088 227055

Our Ref: AFRI/ADM/2400/OL1863

ONLINE TRANSFER PROCESSING FORM

BANK FORM NO: 081520.

PLEASE FILL IN THE APPROPRIATE INFORMATION IN THE SPACE PROVIDED BELOW. PLEASE USE CAPITAL LETTER IN THE FORM THROUGH OUT IN THE FORM.

PARTICULARS OF BENEFICIARY

SEX: MALE ~~FEMALE~~

NAME OF FUND RECEPIENT: LARZLO S. LARZLO Kft
 PHYSICAL ADDRESS: MAGYKOROSI U. 353.3
 POSTAL/ZIP: 7239
 CODE: BUDAPEST COUNTRY: HUNGARY
 TELEPHONE: 003675552828 FAX: 003675557107 EMAIL: larzlo.79@gmail.com
 COMPANY NAME/ POSITION: C.E.O
 NATIONALITY: ROMANIAN PASSPORT NO: EC/RO/7275770AR
 AMOUNT DUE FOR TRANSFER: 680.250,00 EURO
 BANK NAME: HUNGARIAN DEVELOPMENT BANK PLC
 BANK ADDRESS: MURBERG UT. world trade center Budapest - Hungary
 ACCOUNT NUMBER: 222-580 708473000 SWIFT CODE: HBIJHU33XXX
 BANK TELEPHONE: --- FAX: ---

BENEFICIARY DECLARATION

I, MR/MRS/MS FRANZ LARZLO HEREBY DELCARE AND AGREE NO PERSON, GROUP OF PERSON, ORGANISATION NOR INSTITUTION HAS ANY RIGHT OR AUTHORITY TO MAKE ANY DEDUCTION FROM MY FUND AS BEEN BONDED BY THE INTERNATIONAL FUND TRANSFER POLICY ACT FOR SECURITY REASON. AS ANY REQUIREMENT FROM THE BENEFICIARY OR ANY DEMANDS OF ANY AUTHORITY WILL BE PROVIDED BY THE LEGITIMATE BENEFICIARY UNTIL THE FUNDS GET TO MY NOMINATED BANK ACCOUNT AS PROVIDED ABOVE.