

REQUEST FOR ADDRESS INFORMATION

TO

In order to comply with the new remittance format (Swift ISO20022), please provide us the following information.

1. CREDITOR (BENEFICIARY) NAME (140 DIGIT)

2. STRUCTURED POSTAL ADDRESS

ELEMENT (FIELD) NAME	NUMBER OF DIGIT	ENTRY FIELD
DEPARTMENT	70	<input type="text"/>
SUB DEPARTMENT	70	<input type="text"/>
STREET NAME	70	<input type="text"/>
BUILDING NUMBER	16	<input type="text"/>
BUILDING NAME	35	<input type="text"/>
FLOOR	70	<input type="text"/>
POST BOX	16	<input type="text"/>
ROOM	70	<input type="text"/>
POST CODE	16	<input type="text"/>
TOWN NAME *	35	<input type="text"/>
TOWN LOCATION NAME	35	<input type="text"/>
DISTRICT NAME	35	<input type="text"/>
COUNTRY SUB DIVISION	35	<input type="text"/>
COUNTRY *	-	<input type="text"/>

* MANDATORY

※Please refer to the Swift website below for examples of how to fill addresses for each country.

<https://www.swift.com/standards/market-practice/payments-market-practice-group-2024/document-centre>