

CUSTOMER WIRE FORM

AUTHORIZATION TO TRANSFER FUNDS FORM

US DOLLAR SERVICES
 DOMESTIC (WITHIN THE US)
 INTERNATIONAL (OUTSIDE THE US)

FOREIGN EXCHANGE SERVICES
 OTHER CURRENCY



PURPOSE OF THE WIRE	PERSONAL EXPENSES		
AMOUNT	185,000.00	DATE	JULY 22ND, 2025
WRITTEN AMOUNT	ONE HUNDRED AND EIGHTY FIVE THOUSAND DOLLARS AND ZERO CENTS		

IBC CUSTOMER (ORIGINATOR) INFORMATION

ORIGINATOR ACCOUNT NUMBER	2117425739	OR CHECK #	
IBC MARKET LOCATION	01 LAREDO		
ORIGINATOR NAME	ALEJANDRO EZEQUIEL GALLO GONZALEZ		

BENEFICIARY INFORMATION (The final recipient of wire transfer funds)

BENEFICIARY NAME ***	WOODVILLE CONSULTANTS LTD		
BUSINESS BENEFICIARY (Requires RFC)			
CONSUMER BENEFICIARY (Requires RFC/CIWF)			
ACCOUNT NUMBER ***	85150729	CLABE (18 DIGITS) / IBAN	GB25 HBUK 4012 7685 1507 29
PHYSICAL STREET ADDRESS ***	5 GELLIWASTAD ROAD		
CITY ***	PONTYPRIDD	STATE ***	WALES
ZIP CODE ***	CF37 2PB	COUNTRY ***	UK

BENEFICIARY BANK INFORMATION (BBK Bank) (Where beneficiary maintains account)

BANK NAME ***	HSBC	BANK ROUTING NUMBER (ABA)	
ACCOUNT NUMBER		SWIFT CODE	HBUKGB4B
BANK ADDRESS (Optional for US Banks)	OXFORD SQUARE, 1 NEWHOUSE ROAD		BIC CODE (International)
CITY ***	BLACKPOOL	STATE ***	LANCS
ZIP CODE	FY4 4YH	COUNTRY ***	UK

INTERMEDIARY BANK (IBK) INFORMATION*Optional (IBK is used when sending wire out of U.S. to an International BBK or Credit Unions)

BANK NAME (IN THE U.S.)		BANK ROUTING NUMBER (ABA)	
SWIFT/BIC CODE (INTL)		BBK Bank ACCOUNT	
PHYSICAL STREET ADDRESS			
CITY		STATE	
ZIP CODE		COUNTRY	U.S.

IBI - OTHER BENEFICIARY INFO (USED TO SEND MESSAGE TO BENEFICIARY)	WOODVILLE ALEJANDRO EZEQUIEL GALLO GONZALEZ
IBI OTHER BANK INFO. (USED TO SEND INSTRUCTIONS TO BBK BANK)	
NOTIFY (Name)	

In consideration of these premises, the undersigned hereby agrees that the Bank shall not be liable in any manner whatsoever for any miscarriage, mistake, delay, misfeasance, on the part of any agent, agency, or method of transmittal selected by the Bank, and further releases the Bank from any and all liability for any loss or damage caused or occasioned by any act or thing beyond the immediate direct control of the Bank. The undersigned hereby acknowledges receipt of a copy of this authorization and certifies to the correctness of all items herein contained. The payment to cover the transaction will be debited from the signor's account, unless a check is issued for payment. Bank reserves the right to verify the payment order requested by depositor through electronic voice or text message via cell phone provided by depositor as maintained in bank's records. *** indicates required fields

CUSTOMER SIGNATURE ***	
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FOR FEES - REFER TO WIRE TRANSFER SERVICE FEE SCHEDULE

FOR INTERNAL USE ONLY

CUSTOMER WHO CALLED:	CONFIRMED WITH:
WHO RECEIVED CALL:	CALL BACK BY:
TIME CONFIRMED:	CALL BACK PHONE NO:
OFFICER APPROVAL:	CALL BACK TIME: