

To receive money



moving money for better

Complete and present the form with original valid ID document and address proof.

Toll Free Number : 1800-425-1851

Money Transfer Control Number [] [] [] [] [] [] [] [] [] [] Country money sent from _____

Sender Name Mr./Ms. _____ Amount Expected _____
First Name Last Name

RECEIVER / BENEFICIARY DETAILS

Name(s) _____ Male Female
First Name Last Name

Current Address _____
Building Name / Plot No.

_____ Street / Road Name + Area

Contact Tel. No. (Landline) _____ Contact Mobile No. _____
City State/Province STD Code Pin / Postal Code

Date of Birth _____ Country of Birth _____
STD Code

Purpose of Transaction

- Family Maintenance
- Medical
- Education

Occupation

- Salaried
- Student
- Others (Specify) _____
- Self Employed/ Business
- Retired

Relationship to Sender

- Father
- Husband
- Sister
- Mother
- Wife
- Others (Specify) _____
- Child
- Brother

TO BE FILLED ONLY BY BENEFICIARIES WHO ARE NOT RESIDENTS OF INDIA

Permanent Address _____

City _____ State/Province _____ Country _____

Contact Tel. No. _____ Mobile No. _____
In Country of Residence Country / Area Code

Foreigners I am/have been a member of political party in my country.
(Tick only if applicable) I am/have been entrusted with public functions (Heads of Government or working for judiciary/armed forces/state-owned companies)

MY WUSM PROGRAM REGISTRATION

Would you like to register for My WUSM Program? I am already a My WUSM member

(Applicable terms and conditions available at Agent Location and india.westernunion.com) Yes My WUSM No. [] [] [] [] [] [] [] [] [] []

Email Address _____ * Mobile no. mandatory for MY WUSM registration.

CUSTOMER DECLARATION

Certain terms and conditions governing the money transfer service you have selected are set forth on the back of this form. By signing this form, you are agreeing to the terms and conditions as enclosed. Western Union and its agents also make money from the exchange of currencies.

I declare the following

The remittance received is a personal remittance indicated above and is not trade related or for the purchase of property, investment or for credit to the sender's/remitter's non-resident external rupee account/foreign currency non-resident account or donations/contributions to charitable organisations. • During this calendar year, I have not received more than 30 remittances under the government of India money transfer service scheme (including this transaction). • I am the beneficiary of this transaction. • I warrant that the information shared by me in this form is true and correct. • explicitly consent to my sensitive personal information being for the purpose described in the enclosed terms and conditions.

Received Cash/Cheque Rs. _____

Date _____ Customer Signature _____ Agent Name and Signature _____

THIS SERVICE IS GOVERNED BY THE GOVERNMENT OF INDIA MONEY TRANSFER SERVICE SCHEME APPLICABLE TO INDIAN NATIONALS AND FOREIGN TOURISTS VISITING INDIA.

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TO BE FILLED BY AGENT

Agent Seal with Name and Address

Account Code _____ Operator Code _____

Transaction Payout Related

Payout Amount
 Cash Crossed Cheque
Cheque # _____
Amount/Currency sent by the sender _____
Fx Rate _____
Date Filed: _____
DD / MM / YY

Photo Identification

Original ID sighted
 Person verified with Photo ID
 Address confirmed from ID
 Receiver attestation on copy of ID
 Signature on TRM verified with ID
ID Number _____
ID Type _____
ID Issue Country _____
Date of Expiry _____
DD / MM / YY

2nd Photo Identification

(If applicable)
ID Number _____
ID Type _____
ID Issue Country _____
Date of Expiry _____
DD / MM / YY