

**Annexure
B**

Remitting Bank Name	M
Remitting Bank Code	M

Beneficiary Bank Name	M
Beneficiary Bank Code	M

Head	Transaction code	Remitter Name	Date	Beneficiary Name	Beneficiary Account Number	IBAN	Tran Ref #	Amount	Serial Number	Beneficiary Branch Code	Beneficiary Mobile Number	Beneficiary Bank Branch Address Line 1	Beneficiary Bank Branch Address Line 2	Beneficiary Bank Branch Address Line 3	Currency Code
No. of Fields	1	30	8	30	25	24	20	14	10	4	14	30	30	30	3
	M	M	M	M	M	O	M	M	O	O	O	O	O	O	O

Total Number of Transactions	M
Total Amount	M

Mandatory Field	M
Optional Field	O