# 國立高雄科技大學銀行帳戶資料:

銀行名稱:臺灣中小企業銀行 東高雄分行

銀行代號:050-8207

銀行帳號:82008100019

銀行帳戶名稱:國立高雄科技大學 401 專戶

\*兹因國庫帳戶並無存摺影本資料,故僅提供上述資料作為依據。

\*401 專戶匯款不限幣別,匯入外幣者,將結匯為台幣存入帳戶。

連絡電話: 07-3814526 分機 12102 陳玲惠

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## Beneficiary (NKUST) Remittance Account:

Bank name : Taiwan Business Bank East Kaohsiung Branch

Bank Address: No.249 Chung- Cheng 1st Rd., Kaohsiung, Taiwan

SWIFT Code : MBBTTWTP820

Beneficiary (NKUST) Account name: National Kaohsiung University of

Science and Technology Special Account 401

Beneficiary (NKUST) Tel : 886-7-3814526

Beneficiary (NKUST) Account number: 820-08-100019

Beneficiary (NKUST) Address: No. 415, Jiangong, Rd., Sanmin Dist.,

Kaohsiung City, Taiwan

# 國立高雄科技大學外幣帳戶資料 (匯入款不兌換為台幣):

銀行名稱:臺灣中小企業銀行 東高雄分行

銀行代號:050-8207

銀行帳號:82050450011

銀行帳戶名稱:國立高雄科技大學 405U 專戶

\*茲因國庫帳戶並無存摺影本資料,故僅提供上述資料作為依據。

\*405U 專戶係針對匯入之外幣擬持續保留外幣,不兌換為台幣時使用!

連絡電話: 07-3814526 分機 12102 陳玲惠

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## Beneficiary (NKUST) Foreign Currency Account:

Bank name : Taiwan Business Bank East Kaohsiung Branch

Bank Address: No.249 Chung- Cheng 1st Rd., Kaohsiung, Taiwan

SWIFT Code : MBBTTWTP820

Beneficiary (NKUST) Account name: National Kaohsiung University of

Science and Technology Special Account 405U

Beneficiary (NKUST) Tel : 886-7-3814526

Beneficiary (NKUST) Account number: 820-50-450011

Beneficiary (NKUST) Address: No. 415, Jiangong, Rd., Sanmin Dist.,

Kaohsiung City, Taiwan

# 二、填寫範例如下:

#### 1. 國內匯款:



#### 2. 國外匯入款:

範	例

#### DATE APPLICATION FOR REMITTANCE TIME ☐ TAIWAN OTHERS / Country ( ) Sender's Name: Sender's Account #: Sender's Address : Phone Number: Date of Remittance : Amount \$: Purpose of the Wire: Beneficiary's Bank Name: ABA # / SWIFT Code : Taiwan Business Bank East Kaohsiung Branch MBBTTWTP820 Bank/Branch Address: No.249 Chung- Cheng 1st Rd., Kaohsiung, Taiwan Beneficiary Account #: 820-08-100019 Beneficiary (payee) Name : National Kaohsiung University of Science and Technology Special Account 401 Beneficiary Address: Phone Number: No. 415, Jiangong, Rd., Sanmin Dist., Kaohsiung City, Taiwan 886-7-3814526 Special Instructions : INTERMEDIARY BANK NAME ABA NUMBER INTERMEDIARY BANK ADDRESS BENEFICIARY BANK ACCT NO. REIMBURSEMENT BY: Cash Charge Account: Account Number Check Amount to be collected \$ Sender's Signature : By signing above, the applicant hereby certifies that all information provided in this application is correct, and by doing so authorizes First Commercial Bank (USA) to execute this remittance request through its agency, branch office, or other correspondent banks. The applicant also acknowledges that First Commercial Bank (USA) will impose on him/her a service charge associated with this transaction in accordance with its Schedule of Fees and Charges and further agrees to be bound by the terms and conditions set forth on the reverse side of this form. In Person ☐ Fax Wire Instruction Received by: Mail / Fax Confirmed with BRANCH NO. TEST KEY AVAILABLE BALANCE LAST DEPOSIT MAIL / FAX CONFIRMED BY DATE & TIME CONFIRMED PHONE NUMBER FUNDS / SIG. VERIFIED BY APPROVED BY APPROVED BY DATE AND TIME NEXT DAY CALLBACK BY VERIFIED BY CALLBACK BY