



UNIVERSITY OF PERPETUAL HELP SYSTEM DELTA

REMITTANCE INFORMATION

NAME OF STUDENT: _____

STUDENT NUMBER: NEW OLD _____
(If old student please write the student number)

COURSE: _____

AMOUNT REMITTED: _____

CURRENCY: _____

BENEFICIARY BANK: _____

BENEFICIARY ACCOUNT #: _____

BENEFICIARY NAME: _____

DATE REMITTED: _____

REMITTER'S NAME: _____

PURPOSE OF PAYMENT: _____

AGENCY: _____

PLEASE ATTACH REMITTANCE COPY (MT103) FOR EASY VERIFICATION