

Outgoing FED Message

Printed: 5/20/2020 4:38:25PM

Requested By: MARIALOPEZ3

VERSION: 0

MESSAGE INFORMATION

Amount:	\$31,325.16	Message ID:	150731122422H200	PDM:	
Currency:	USD	Latest Version:	0	Priority:	M
Value Date:	07/31/2015	Time:	12:24:22	URC:	
Bank ID:	001	Department:	WIR	Status:	COMPLETE
Message Type:	10	Branch:	331	Template:	
Message Subtype:	00	Charge:		Purpose of wire:	
Fee:	30.00	Source:	S1W		
Ref. No.:	318122415	External Ref.:	1438359862423	Country Code :	UY

MESSAGE TEXT

Sender ABA:	067010509	Sender Name:	MERCANTIL COMMERCE	Ref. No.:	318122415
Receiver ABA:	026004226	Receiver Name:	SOCIETE GENERALE	Prod. Code:	CTR
Ref. IMAD:				Local Instrument Code:	
IMAD:	20150731F6B7042C000688	Prop. Code:			
OMAD:	20150731B1Q8181C00053507311224FT03	Ref. for Bnf.:		PREVIO SHELDUCK	
As of Reason:	As of Date:	Disposition:			
Acc Off: 001	Account: 8303003106	Acc. Type: DDA	Initiator ID:		
Cr Acc Off:	Cr Acc No:	Cr Acc Type:			
Db Advice:	Db Fee: 30.00	Cr Advice:	Cr Fee: 0.00		
Drawdown Credit Account:					
Originator:	Originator Option F: N	Beneficiary:			
8303003106		40014741			
OCEANICA INTERNACIONAL CA		BOLIVARIANA DE PUERTOS S.A. - MCBO			
AVE 2 EL MILAGRO CENTRO COMERCIAL M		AVE 2 EL MILAGRO MODULOS DE			
ARTIN LOCAL 11 PLANTA		SERVICIOS PUERTA MILAGROS			
ALTA MARACAIBO EDO ZULIA VENEZUELA		MARACAIBO 4002 VEN			
Originator Bank:		Beneficiary Bank:			
		CFACUYMMXXX			
		Banco Bandes Uruguay S.A.			
		Sarandi 402			
		Montevideo ++ 11100 URY			

MESSAGE TEXT CONTINUED

Instructing Bank:

Intermediary Bank:

Drawdown Debit Account:

Correspondent Bank:

Originator Bank Info: MUELLE PREVIO MN SHELDUCK

Free Text:

BANK TO BANK INFORMATION

Receiver Bank Info:

Drawdown Debit Account:

Advice Code:

Advice Info:

Intermediary Bank Info:

BANK TO BANK INFORMATION CONTINUED

Intermediary Advice Info:

Advice Code:

Advice Info:

Beneficiary Bank Info:

Beneficiary Bank Advice Info:

Advice Code:

Advice Info:

Beneficiary Info:

Beneficiary Advice Info:

Advice Code:

Advice Info:

BANK TO BANK INFORMATION CONTINUED

Beneficiary MOP:

MOP Code:

MOP Info:

Bank to Bank Info:

Charges:

Sender Charges:

1.	0.00
2.	0.00
3.	0.00
4.	0.00

Receiver Charges:

Currency:
Amount:
Remote Initiator:
Remote Verifier:
Remote Releaser:

Instructed:

Currency:
Amount:
Values quoted to customer:
Amt(USD):
Exch Rate:

Exchange Rate:

Spread:

Bank Op code:

Message Index:

Fee Account No:

Math Rule : **Misc Notes :**

Authorization Method:

Message Total:

ERRORS :

DATE	TIME	TEXT
07/31/2015	12:24:28	FT MSG HAS BEEN SENT TO PRINTER. Error<>
07/31/2015	12:24:29	Message Printed. Success=0. Error<>

AUDIT TRAIL :

DATE	TIME	USER	STATUS	DURATION	COMMAND	ACCOUNT NO
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NOTES :

ROUTE NAME	VERSION	INCLUDE	TEXT
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BSA NOTES :

Name					
Address					
City		State		Zip	
Phone		SSN		Tax Payer ID	
Driver License		State Issued		Expiration	
Comments					

ORIGINAL RAW MESSAGE :

ID
FILE
DIRECTION
SWIFT ID
TIME STAMP
DATE PROCESSED
CONTENTS

OUTGOING RAW MESSAGE 1 :

ID
FILE
DIRECTION
SWIFT ID
TIME STAMP
DATE PROCESSED
CONTENTS

OUTGOING RAW MESSAGE 2:

ID
FILE
DIRECTION
SWIFT ID
TIME STAMP
DATE PROCESSED
CONTENTS

CTP-COVER :

Originator (50a)	Beneficiary (59)
Originating Bank (52a)	Beneficiary Bank (57a)
Remittance info (70)	Intermediary Bank (56a)
Sender to Receiver info (72)	Instructed Amount (33b)
	Amount:
	Code:

CTP-EXTERNAL RELATED REMITTANCE :

ID:

Electronic Address:

Name:

Department:

Sub-Department:

Street Name:

Building Number:

Post Code:

Town Name:

Country Code:

Country Sub Division:

Address Type:

Location Method:

Address :

CTP-UNSTRUCTURED REMITTANCE :

Unstructured Remittance Contents:

CTP-STRUCTURED REMITTANCE PARTIES :

REMITTANCE ORIGINATOR

Name:

ID Type: ID Code:

ID Number: ID Number Issuer:

Date and Place of Birth :

Department :

Sub-Department:

Street Name:

Building Number: Post Code: Town Name:

Country Sub Division: Country Code: Address Type:

Address :

CONTACT DETAILS

Name:

Phone Number: Mobile Number:

Fax Number: Other Information:

Electronic Address:

REMITTANCE BEREFCIARY

Name:

ID Type: ID Code:

ID Number: ID Number Issuer:

Date and Place of Birth :

Department :

Sub-Department:

Street Name:

Building Number: Post Code: Town Name:

Country Sub Division: Country Code: Address Type:

Address :

REMITTANCE DETAILS

PR Type: **PR Proprietary Type:**
PR ID: **PR Issuer :**
Actual Cur: **Actual Amount:** **Gross Curr:** **Gross Amount:**
Disc Curr: **Disc Amount:** **Adj Curr:** **Adj Amount:**
Rem Date: **Adj Reason:** **Adj CR/DB:**
Adjustment Additional Information:

Sec Type: **Sec Proprietary Type:**
Sec ID: **Sec Issuer :**
Free text:

CTP-NOTIFICATION INFO :

Notification flag:
Name:
Phone Number: **Mobile Number:**
Fax Number: **Other Information:**
Address: