



Scotiabank

OUTGOING PAYMENT TRANSFER

DATE 2017/03/20

TO	BRANCH/AGENCY/CORRESPONDENT JP MORGAN CHASE BANK, N.A.			TEST No.	CURRENCY US	AMOUNT \$2,500,151.00
	ADDRESS 270 PARK AVE, NEW YORK, NY USA 1001			TRANSIT NUMBER 91595	SELLING RATE @	2 95,000,300,00.

PLEASE PAY	20	SENDER'S REFERENCE NUMBER	21	RELATED REFERENCE	23	BANK OPERATION CODE/ INSTRUCTION CODE CRED	SETTLING RATE	SETTLING AMOUNT
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FOR CUSTOMER USE		
32	VALUE DATE (YYYY/MM/DD)	AMOUNT
	2017/03/20	\$2,500,151.00
50	ORDERING CUSTOMER	
	FULL NAME	Caricom Climate Change Centre
	FULL ADDRESS	2nd Floor Lawrence Nicholas Bldg. Belmopan City
	ACCOUNT NUMBER	193-6614
52	ORDERING INSTITUTION SCOTIABANK (BELIZE) LTD	
53	SENDER'S CORRESPONDENT	
54	RECEIVER'S CORRESPONDENT	
56	INTERMEDIARY INSTITUTION	
57	ACCOUNT WITH INSTITUTION	
58	BENEFICIARY INSTITUTION	
	Bank of Greece-Central Branch	
	21 Eleftherios Venizelos	
	P.O. Box 102 50	
	Athens, Greece	
	IBAN: GR 7001 0002 3000 0000 2001 79018	
	Swift Code: BNGRGRAA	
59	BENEFICIARY CUSTOMER, FULL NAME, FULL ADDRESS	
	FULL NAME	D' DOY Athens - ELEGTIRIO ESODON
	FULL ADDRESS	Koletti 14A 106 81 Athens Greece
	BENEFICIARY ACCOUNT NUMBER	GR 7001000230000000200179018
70	REMITTANCE INFORMATION	
71	DETAILS OF CHARGES	
	SHA	
72	SENDER TO RECEIVER INFORMATION	

FOREIGN EXCHANGE GL # 7301960

COMMISSION GL # 7246269

CHARGES TELEGRAPH TOLLS RECOVERED GL # 6429866

OTHER GL #

TOTAL CUSTOMER CHARGES 15,000,552.00

"WE", "US", "OUR", "THE BANK AND "SCOTIABANK" MEANS, THE BANK OF NOVA SCOTIA AND ITS SUBSIDIARIES AND AFFILIATES, AS APPLICABLE. "SCOTIABANK GROUP" MEANS COLLECTIVELY, THE BANK OF NOVA SCOTIA AND ALL OF ITS SUBSIDIARIES AND AFFILIATES.

"YOU" AND "YOUR" MEANS THE ORDERING CUSTOMER.

YOU MUST PROVIDE US WITH YOUR AND THE BENEFICIARY CUSTOMER'S COMPLETE NAME, ADDRESS AND ACCOUNT NUMBER PROVIDING FULL DETAILS AND CORRECT ACCOUNT NUMBERS AVOIDS DELAYS AND CHARGES BY THE INTERMEDIARY/BENEFICIARY BANK CERTAIN COUNTRIES AND REGIONS REQUIRE YOU TO PROVIDE YOUR AND/OR THE BENEFICIARY'S ACCOUNT NUMBER.

PAYMENT TRANSFERS DESTINED TO COUNTRIES THAT ARE PART OF THE EUROPEAN ECONOMIC UNION MUST ALSO INCLUDE THE BENEFICIARY CUSTOMER'S INTERNATIONAL BANK ACCOUNT NUMBER (IBAN) IN THE ACCOUNT NUMBER FIELD. FOR PAYMENT TRANSFERS DESTINED TO OR WITHIN THE UNITED STATES YOU MUST ENSURE YOU HAVE PROVIDED US WITH THE CORRECT BENEFICIARY ACCOUNT NUMBER AS THE ACCOUNT NUMBER TAKES PRECEDENCE OVER THE BENEFICIARY NAME.

WE WILL NOT BE RESPONSIBLE FOR ANY DELAYS, ERRORS OR LOSSES YOU OR ANY ENTITY MAY SUFFER AS A RESULT OF THE DELIVERY MECHANISM USED TO PROCESS THIS PAYMENT TRANSFER. ADDITIONAL FEES MAY BE DEDUCTED FROM THE PAYMENT TRANSFER BY THE CORRESPONDENT AND BENEFICIARY BANK.

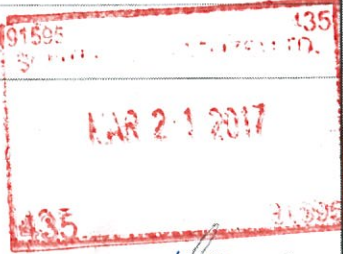
IF THE PAYMENT TRANSFER IS NOT COMPLETED FOR ANY REASON WHATSOEVER, WE WILL REFUND YOU THE ORIGINAL PAYMENT TRANSFER AMOUNT, LESS ANY EXPENSES AND LOSSES (IF ANY) AND RISKS FROM EXCHANGE RATE FLUCTUATIONS, UPON RECEIPT OF THE RETURNED PAYMENT TRANSFER FROM OUR AGENT OR CORRESPONDENT BANK. THE ORIGINAL PAYMENT TRANSFER FEES ARE NON-REFUNDABLE.

YOU CONSENT AND AUTHORIZE US TO OBTAIN, USE, GIVE TO, VERIFY, SHARE AND EXCHANGE INFORMATION ABOUT YOU WITH OUR SERVICE PROVIDERS AND ANY OTHER PERSON(S) AS MAY BE PERMITTED OR REQUIRED BY LAW.

YOU ALSO CONSENT AND AUTHORIZE US TO DISCLOSE INFORMATION ABOUT YOU TO THIRD PARTIES WHERE SUCH DISCLOSURE IS: (A) IN OUR DISCRETION, NECESSARY OR DESIRABLE WHETHER TO PROTECT OUR INTERESTS, OR OTHERWISE, (B) REQUIRED IN ORDER TO COMPLY WITH ANY DISCLOSURE REQUIREMENTS IMPOSED BY LAW, REGULATION, COURT, GOVERNMENTAL AGENCY OR AUTHORITY OR GOVERNMENTAL DEPARTMENT, OR (C) IN ORDER TO PREVENT OR DETECT CRIMINAL ACTIVITY, MANAGE AND SETTLE ANY ACTUAL OR POTENTIAL LOSS IN CONNECTION WITH FRAUD OR CRIMINAL ACTIVITY, FACILITATE AN INVESTIGATION OF OR PROSECUTION FOR FRAUD, MONEY LAUNDERING OR ANY OTHER CRIMINAL ACTIVITY. YOU ALSO CONSENT AND AUTHORIZE US TO SHARE YOUR INFORMATION WITHIN THE SCOTIABANK GROUP OF COMPANIES.

WE MAY USE THIRD PARTY SERVICE PROVIDERS TO PROCESS THIS PAYMENT TRANSFER FOR US SOME OF OUR SERVICE PROVIDERS ARE LOCATED OUTSIDE THE COUNTRY WHERE THE PAYMENT TRANSFER REQUEST ORIGINATED AND THESE SERVICE PROVIDERS ARE SUBJECT TO FOREIGN LEGISLATION. YOU UNDERSTAND AND ACKNOWLEDGE THAT LAW ENFORCEMENT AUTHORITIES AND/OR GOVERNMENTAL AUTHORITIES IN THESE JURISDICTIONS MAY, UNDER APPLICABLE LEGISLATION, ACCESS THE INFORMATION AND DATA CONTAINED IN THIS FORM AND IN EFFECTING SUCH DISCLOSURES NEITHER WE, OR ANY OF OUR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES OR AGENTS SHALL IN ANY WAY BE LIABLE TO YOU FOR THE BREACH OF ANY PRIVACY, SECRECY OR CONFIDENTIALITY PROVISIONS OF ANY LAWS OR REGULATIONS IN YOUR COUNTRY OR ELSEWHERE. YOU AGREE TO INDEMNIFY US AND OUR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES OR AGENTS AGAINST ANY AND ALL LOSSES, COSTS, EXPENSES, ACTIONS, PROCEEDINGS, CLAIMS, DAMAGES OR OTHER LIABILITIES (INCLUDING LEGAL FEES AND EXPENSES) ARISING DIRECTLY OR INDIRECTLY, BY REASON OF SUCH DISCLOSURES BY US OR ANY OF OUR RESPECTIVE AGENTS, SUCH INDEMNITY BEING IN ADDITION TO ANY INDEMNITY WHICH MAY BE AVAILABLE AT LAW.

CUSTOMER SIGNATURE		PHONE NUMBER	
BANK LEGAL NAME SCOTIABANK (BELIZE) LTD		PREPARED BY	CHECKED BY
BRANCH ADDRESS ALBERT STREET		AUTHORIZED BY	
FOR BANK USE ONLY	Call back required <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If yes, Customer contacted	Date
Management Officer		Signing Number	Time



Kath Nohds

Ethelyn Valdarez

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