



## GERMANY WIRE NOTIFICATION FORM

If you are wiring money for the benefit of our LIV Thokomala Project through Kinderhilfswerk Dritte Welt e.V., please follow these important instructions:

1. Please complete this form in its entirety and scan / email it to [accounts@liv-thokomala.com](mailto:accounts@liv-thokomala.com)
2. When requesting a wire transfer from your financial institution, please request to have "Thokomala" and "your name" added to the comments section of the wire transfer. This will ensure proper crediting of your transfer.
3. Once we have received the wired funds and this form, a receipt will be issued by Kinderhilfswerk Dritte Welt e.V., to the donor(s) named below.

**For identification and receipting purposes, it is imperative that we receive a copy of this form** as unidentified gifts will not be credited to LIV Thokomala.

Today's Date \_\_\_\_\_

Yes  No I wish for this contribution to be anonymously credited to the below Giving Fund.

\_\_\_\_\_  
Name of Sending Financial Institution

\_\_\_\_\_  
Anticipated Date of Transfer

\_\_\_\_\_  
Anticipated Amount of Transfer

### The LIV Thokomala Project South Africa

\_\_\_\_\_  
Purpose of Grant

**Please mark your donation choice**

General Funds – LIV Thokomala to Decide Where My Funds Are Needed Most

LIV4Family

Restore-A-Life

Raise-A-Leader

Release-A-Star

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Name of Donor(s) for Receiving Purposes	Name of Sender (if different from Donor)		
Address of Donor(s) for Receiving Purposes	City	State	Zip
Phone	Cell Phone		

**DOMESTIC WIRING INSTRUCTIONS**

Bank: Postbank Hamburg  
IBAN: DE40 2001 0020 0266 8042 06  
Beneficiary: Kinderhilfswerk Dritte Welt e.V.  
Acct: 2668 04 206  
BIC: ~~POST3333~~ ~~3333~~ 206  
Reference: Thokomala and your name

\*Please send a copy of the completed wire transfer form to us [accounts@liv-thokomala.com](mailto:accounts@liv-thokomala.com) . This will ensure your donation is credited to your name. Once we have received the funds and this form, a receipt will be issued to you as per the details listed on this form.