----------Interventions----------

Category : Network Report

Application : SWIFT MX Interface

ACK Status Received : Network ACK

---------- Instance Type and Transmission ----------

Copy received from SWIFT

---------- Message Header ----------

Message Type : pacs.008.001.08 - FI To FI Customer Credit Transfer V08

Sender : ICICINBBNRI - ICICI BANK LIMITED - (CROSS BORDER PAYMENT PROCESSING CENTRE) (INDIA)

Receiver : PNBPUS3NNYC - WELLS FARGO BANK, N.A. - (NEW YORK INTERNATIONAL BRANCH) (UNITED STATES OF AMERICA)

Reference : 20260820-ICICINBBNRI-260820861470

Service Name : swift.cbprplus.03

Creation : 2026-08-20T11:51:18+05:30

---------- Document ----------

Group Header

Message Identification : M2WBI0650361

Creation Date Time : 2026-08-20T11:51:18+05:30

Number Of Transactions : 1

Settlement Information

Settlement Method : INDA

Credit Transfer Transaction Information

Payment Identification

Instruction Identification : M2WBI0650361

End To End Identification : M2WBI0650361

UETR : fc64226e-8b71-4327-aa04-1a92cbd80fa4

Payment Type Information

Service Level

Code : G001

Interbank Settlement Amount : USD 2385.36

Interbank Settlement Date : 2026-08-20

Instructed Amount : USD 2385.36

Charge Bearer : DEBT

Instructing Agent

Financial Institution Identification

BICFI : ICICINBBNRI - ICICI BANK LIMITED - (CROSS BORDER PAYMENT PROCESSING CENTRE) (INDIA)

Instructed Agent

Financial Institution Identification

BICFI : PNBPUS3NNYC - WELLS FARGO BANK, N.A. - (NEW YORK INTERNATIONAL BRANCH) (UNITED STATES OF AMERICA)

Debtor

Name : LALITHA S

Postal Address

Post Code : 600037

Town Name : TIRUVALLUR

Country Sub Division : TAMILNADU

Country : IN

Address Line : HIG 2 PLOT NO 24 NULL 2ND CROSS ST 3RD MAIN ROAD

Debtor Account

Identification

Other

Identification : 039501518329

Debtor Agent

Financial Institution Identification

BICFI : ICICINBBNRI - ICICI BANK LIMITED - (CROSS BORDER PAYMENT PROCESSING CENTRE) (INDIA)

Creditor Agent

Financial Institution Identification

BICFI : BOPIPHMMXXX - BANK OF THE PHILIPPINE ISLANDS (PHILIPPINES)

Creditor

Name : GULLAS COLLEGE OF MEDICITNE INC

Postal Address

Town Name : CEBU CITY

Country : PH

Address Line : colon st cebu city

Creditor Account

Identification

Other

Identification : 9071005957

Purpose

Proprietary : EDUCATION

Remittance Information

Unstructured : SABAREESH VENKATRAMAN/2610052