

NetLink Mapping FAIM to ISO.003

Customer Drawdown Request Example (pain.013) – At least one party is a non-financial institution.

Scenario: Request drawdown of funds on behalf of a client from one account to another.

* Required Fields

* Conditionally Required Fields

ISO 20022 Field Labels	Sample Data in ISO 20022		FAIM Field Labels	Sample Data in FAIM
Template	Select a Value		Template	Select a Value
Basic Information				
Identifier*	Drawdown Request (pain.013)	{3600}*	Business Function Code	DRC
Local Instrument Code*	Customer Drawdown Request [DRRC] (pain.013)	{1510}*	Type/Subtype	1031
Instructed Amount*	50,000.00	{2000}*	Amount	50,000.00
Instructed Amount Currency*	USD			
End To End Identification*	NOT PROVIDED			
Charge Bearer*	Shared (SHAR)			
Instruction Priority	Normal (NORM)			
Category Purpose				
Payment Information ID				
Ultimate Debtor - Optional				
Name *	Name			
Building Number	Structured Address			
Street Name				
Town Name *				
Country Sub Division				
Post Code				
Country *				
Post Box				
Non-IBAN Account Number	Account Number			
Initiating Party - Required				
Name *	Name			
Building Number	Structured Address			
Street Name				
Town Name *				
Country Sub Division				
Post Code				
Country *				
Post Box				
Organization / Individual ID	Identification 1			
Debtor				
Debtor: Name *	BEN SMITH	{5000}	Account Debited In Drawdown: Name	BEN SMITH
Building Number *	111		Account Debited In Drawdown: Address Lines	111 GREEN STREET
Street Name *	GREEN STREET			PO Box 1111
Town Name *	BROOKLYN			BROOKLYN NY 11201
Country Sub Division *	NY			US
Post Code *	11201			
Country *	US			
Post Box *	PO Box 1111			
Debtor Acct: Non-IBAN Account Number	987654321		Account Debited In Drawdown: Identifier	987654321
Debtor Agent				
Clearing System Member ID	444555666		Receiver DI	444555666
Clearing System ID Code	USABA			
Creditor Agent - Prefilled With Your Bank				
Clearing System Member ID	065403370		Sender DI	065403370
Clearing System ID Code	USABA			
Creditor				
Creditor*: Name	FNBB RESPONDENT BANK	{4200}	Beneficiary: Name	FNBB RESPONDENT BANK
Building Number *	1000		Beneficiary: Address Lines	1000 BROWN ROAD
Street Name *	BROWN ROAD			HOUSTON, TX 77001
Town Name *	HOUSTON			US
Country Sub Division *	TX			
Post Code *	77001			
Country *	US			
Post Box *				
Creditor Acct: Non-IBAN Account Number	12345678		Beneficiary: Identifier	12345678
Ultimate Creditor - Optional				
Name *	Name			
Building Number	Structured Address			
Street Name				
Town Name *				
Country Sub Division				
Post Code				
Country *				
Post Box				
Organization / Individual ID	Identification 1			
Structured Remittance				
Additional Structured Remittance Information 1 and 2	FUNDING ACCOUNT	{6000}	Originator to Beneficiary Information	FUNDING ACCOUNT