

**SPECIFICATION OF FILE FOR IMPORT OF ORDER DATA KTS (SEPA/SWIFT) FOR PAYMENT
 VIA THE E-BANKING SERVICE OF STOPANKA BANKA AD SKOPJE**

Important:

The file should be in txt format and saved as UTF 8.

The fields are not of fixed length and are separated by TAB as a separator.

The file name should be unique.

No.	Description	Min. length	Max. length	Structure	Mandatory value	Note
1.	Instrument type	2	2		106	
2.	ObjectGuid					N/A
3.	Value Date	8	8	yyyy-mm-dd		
4.	Debit Account Number	15	15			Account from where the payments is processed
5.	Debit Currency	3	3			
6.	Debit Customer Name	1	70	In capital letters		
7.	DebitReferenceNumber					N/A
8.	Recipient account (IBAN)	15	35			No spaces
9.	Credit Bank Name	1	70	In capital letters		
10.	Credit Customer Name	1	70	In capital letters		Name and Surname for individual or whole name of the legal entity
11.	Basis of payment/reference number	1	70			Contract or invoice number (clarification of the need for payment)
12.	Code	3	3			112, 250, 215, 540, 545, 254 and 410 (listed as most common)



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13.	Purpose of payment		70			Standard description according to the code from item 12
14.	Amount	3	18	xxx.xx		separator for decimals e ". "
15.	Payment system	4	5	XXXX	SWIFT EURO	Payment system
16.	DebitTaxNumber					N/A
17.	PP50_PaymentAccount					N/A
18.	PP50_BudgetAccount					N/A
19.	PP50_IncomeCode					N/A
20.	Credit Account type	1	1		L - resident F – non-resident	
21.	BIC of the recipient's payment service provider (SWIFT code)	8	11			
22.	Address (Recipient)	1	35	In capital letters		
23.	City (Recipient)	1	20	In capital letters		
24.	Country (Recipient)	1	15	In capital letters		
25.	Charge info	3	3		BEN SHA OUR	
26.	Charge account	15	15			For a legal entity 1090 in MKD for a natural person 1001 in MKD
27.	Beneficiary bank details for KTS SWIFT order	3	18	In capital letters	- Mandatory value - BSB (for Australia) - TRANZIT (for Canada) - ABA (for USA) - IFSC (for India)	Input is required for the following countries: AU (Australia) CA (Canada) US (USA) IN (India)
28.	Other identification of the payment service provider of the recipient	3	18	Number		
29.	Description	1	20	Text		Optional input