

| FUNDS TRANSFER REQUEST FORM | |
|---|--|
| | Date: D D M M Y Y |
| The bank is hereby authorized to transfer as follows: | |
| Debit Details (Source): | |
| Account Holder Name: | |
| Account Number AB MFB: | |
| Contact Telephone Number: | |
| Amount to be Transferred (figures): | 4 |
| Amount in Words: | |
| | |
| Credit Details (Beneficiary): | |
| Account Holder Name: | |
| Account Number: | |
| Bank Name: | |
| Bank Code: | |
| Contact Telephone Number: | |
| E-mail: | |
| I/We confirm the above details are accurate and the bank is authorized to effect transfer accordingly and debit my/our account with the charges applicable to this service. | |
| Authorized Signatory | 2 nd Authorized Signatory (if applicable) |
| Bank signature & Stamp (CA): | Charges applicable: Note: Down May Y |
| FOR INTERNAL USE ONLY | |
| Minimum Balance Applied: Yes | No Amount (principal+fee): 4 |
| GLCA / BM User: | Signature: Date: D M M Y Y |
| Payment ID (HO): | Ref. Number (HO): |