



REQUEST FORM FOR FUNDS TRANSFER (DOMESTIC)

Date:

To: The Manager, _____ Branch

Please effect transfer of funds on my/our behalf by use of (tick desired option)

- | | | | |
|--------------------------|---------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Electronic Funds Transfer (EFT) | <input type="checkbox"/> | Real Time Gross Settlement (RTGS) |
| <input type="checkbox"/> | Inter Account Transfer | <input type="checkbox"/> | Bankers cheque |

My / Our Details (Remitter)												
Applicant(s) Name(s)												
Account Name												
Account Number												

Beneficiary Details												
Beneficiary/favoring Name												
Account Number												
Name of Bank												
Branch name								Branch Code				
Amount of Transfer (in figures)												
Amount of transfer (in words)												
Reference/ORN :												
Purpose of Remittance	Salary <input type="checkbox"/> Pension <input type="checkbox"/> Dividends <input type="checkbox"/> Loans <input type="checkbox"/> Credit card <input type="checkbox"/> Utility payments <input type="checkbox"/> Supplier's payment <input type="checkbox"/> Tax payments <input type="checkbox"/> Others* <input type="checkbox"/> *If Others (Pls Specify) _____											

Bank Charges	EFT	RTGS	Inter Account transfer	Bankers Cheque
BWP (including Vat)				

I/We request you to make the above remittance at my/our risk and cost in cyber or otherwise. I/We release and indemnify you or your correspondents from and against the consequences of their failure to receive the funds due to any irregularity, delay, mistake that may arise from and against any loss which may be incurred through your correspondents retaining the funds. I/We understand and agree that any risk arising out of or in consequence of this transfer is to be borne by me/us alone. I/we undertake and accept the possible risks involved in connection with giving any faxed/emailed instructions and also indemnify that I/We will continue to be solely responsible for any possible risk or loss arise in relation to the giving of any faxed/email instructions. I/We also declare that the funds involved are not the proceeds of any illegal transactions and confirmation given in this form is true and to the best of my/our knowledge and belief. I/We authorize you to debit my/our account with all the charges as applicable from time to time.

I/we confirm to have read the terms and conditions and agree to be bound by them;

	Authorized Signatory 1	Authorized Signatory 2	Authorized Signatory 3
Name :			
Contact number :			

FOR OFFICE USE ONLY

		STAMP AND SIGN
Transaction number		
Confirmed with		
Contact Number		
Date and Time		
Sign		