



## Funds Transfer Form

(DD-MM-YYYY)

Select the Type of Payment Transfer.

Date

RTGS  EFT  IAT

Branch Name

### Debit Customer Details

|                   |  |                   |  |      |  |
|-------------------|--|-------------------|--|------|--|
| Account Number    |  |                   |  |      |  |
| Account Name      |  |                   |  |      |  |
| Physical Address  |  |                   |  |      |  |
| Telephone Number  |  |                   |  |      |  |
| Customer ID Type  |  | ID Number         |  |      |  |
| Debit Currency    |  | Transfer Currency |  | Rate |  |
| Amount in Figures |  |                   |  |      |  |
| Amount in Words   |  |                   |  |      |  |
| Source of Funds   |  |                   |  |      |  |

### Beneficiary Details

|                  |                                |                                      |                               |   |  |
|------------------|--------------------------------|--------------------------------------|-------------------------------|---|--|
| Account Number   |                                |                                      |                               |   |  |
| Account Name     |                                |                                      |                               |   |  |
| Bank Name        |                                |                                      |                               |   |  |
| Purpose of Funds |                                |                                      |                               |   |  |
| Charges Borne By | <input type="checkbox"/> Payer | <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Both | <input type="checkbox"/> Not Applicable |  |

### Customer's undertaking

I/We irrevocably agree to indemnify the Bank against any liability, loss, or claims in connection with this fund transfer request. I/We further understand and accept that RTGS instructions from customers for same-day value must be presented to the Bank before 15:15hrs E.A.T and instructions presented thereafter will be dealt with on a best endeavor basis.

|                        |             |             |             |
|------------------------|-------------|-------------|-------------|
| Customer's Signature/s | Signatory 1 | Signatory 2 | Signatory 3 |
|                        |             |             |             |
| Form Delivered By      | Full Name   | Signature   | Date & Time |
|                        |             |             |             |

### For Official Use

|   |                        |                        |
|---|------------------------|------------------------|
| Received By: (Name, Signature and Branch Stamp) | Authorized Signatory 1 | Authorized Signatory 2 |
|   |                        |                        |