

TRANSFER FORM

Please read carefully and complete all relevant sections. Should you have any questions a member of staff will be willing to assist you **(Please complete in BLOCK CAPITALS and tick where necessary)**

Soma aya mabwiriza witonze maze wuzuze iyi nyandiko uko bikwiye. Niba hari ibyo ushaka gusobanura, umukozi wacu yiteguye kuguha ibisobanuro wifuza. (Usabwe kuzuzwa iyi nyandiko ukoresheje inyuguti z'icyapa zisomeka neza kandi ugashyira akamenyetso ffl aho bisabwa)

DETAILS SENDER

PERSONAL DETAILS SENDER

Surname/Nom/Izina:

Firstname/Prenom/Izina Ry'idini:

Telephone:

IDENTIFICATION

Mode of Identification/Ikimuranga:

☐ National ID/Indangamuntu ☐ Passport ☐ Driving License/Permis: ☐ Others/Ibindi (Specify/Sobanura).....

ID No/No Y'ikimuranga: Date of Issue/Igihe yatangiye: Expiry Date/Igihe izanrangirira Issued at/aho yatangiye:

CLIENT DETAILS SENDER

Current Account Number:

Sub-Account Number (for Savings Products: see Closing Savings Account)

☐ RWF ☐ USD ☐ EUR ☐ GBP

Name of branch:

DETAILS RECEIVER

Surname/Nom/Izina:

Firstname/Prenom/Izina Ry'idini:

Current Account Number:

Sub-Account Number (for Savings Products: see Closing Savings Account):

☐ RWF ☐ USD ☐ EUR ☐ GBP

Name of branch:

FOR INTERNATIONAL TRANSFERS

INTERMEDIARY BANK

Name intermediary bank:

SWIFT Code Intermediary Bank:

BENEFICIARY BANK

Name beneficiary's bank:

SWIFT Code beneficiary's bank:

REASON:

AMOUNT TO BE SEND

☐ RWF ☐ USD ☐ EUR ☐ GBP

In words:

In numbers:

FREQUENCY

☐ ONCE ☐ REPEATEDLY Weekly ☐ Monthly ☐ Quarterly ☐ Yearly

Start date: Date of last payment:

Place: Date: Applicant's signature:

OFFICE USE ONLY

Employee's name and signature