

# Funds Transfer Request Form



(Not applicable for corporate accounts)

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Day Month Year

Name of Ordering Customer: \_\_\_\_\_

Address: \_\_\_\_\_

Kindly effect the following transfer on my/our behalf

Amount: \_\_\_\_\_ (In Words) \_\_\_\_\_

(Please specify (currency))

Name of Beneficiary: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Beneficiary's Bank: \_\_\_\_\_

Beneficiary's Bank Address: \_\_\_\_\_

Beneficiary's Account No. \_\_\_\_\_

Purpose of Payment "payment for goods not acceptable" (Please be specific) \_\_\_\_\_

Please Debit

My/Our Account No.:

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For Principal

My/Our Account No:

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Withdrawal Charges Only

Local Charges Only

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Customers

e-mail Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Customer's Signature

Customer's Signature



ACCOUNT OFFICER: (Name & Signature) \_\_\_\_\_