



Internal Funds Transfer

Date 12 03 2020

15-105004-SHS Wanya

The Manager, KABIBA Branch
Please effect the following transfer and debit my/our account.

Account Number

09525234220010

CAESOL SERVICES

Applicant's Details

Account name

Beneficiary's Details

Account name

Account Number

01121064859920

ONE THOUSAND NINE

Amount in Words

192500

Amount \$

192500

I/We hereby confirm that the details herein furnished are true and correct.
i. Confirm that the details herein furnished are true and correct.
ii. Acknowledge and accept that a stamped copy of this form does not imply that funds have been transferred to the beneficiary account, but is merely an acknowledgment of receipt of the transfer request by the Bank which request may be withdrawn before the funds have been credited into the beneficiary's account and which request may not be actioned in the event of insufficiency of funds or other restrictions being placed on the account.

The onus is upon me/us to confirm with the beneficiary that the funds have been received.
iii. Indemnify CBZ Bank, its officers, agents and employees against any losses or claims arising from errors, delays, incorrect details or system-related challenges beyond its control or any other acts or circumstances constituting force majeure affecting the processing of the funds transfer in any way.

Customer's Signature

Wanya

Bank Use Only

Identification:
(ID/Passport/Driver's Licence)

Book Balance:

Authorised By:

Customer's Signature

Signature Verified By:

Available Balance:

Confirming Persons:

(Where a customer sends third party)

CBZ BANK CONSULTANT

12 MAR 2020

KABIBA