



Funds Transfer

Date 02 02 20
dd mth yy

Partners For Success

Account Number

01121064850020

(The Manager) Branch SAPPHIRE HSE
Please effect the following transfer and debit my/our account.

Applicant's Details

Account name

AIRLIFT ENGINEERING

Beneficiary's Details

Account Number

01121064850020

Account name

REGULATORY AUTHORITY

Amount \$

1750 00

Amount In Words

ONE THOUSAND SEVEN HUNDRED AND FIFTY DOLLARS ONLY

Customer's Signature

[Signature]

Customer's Signature

[Signature]

Bank Use Only

Signature Verified By: _____

Identification: _____

(ID/Passport/D.Licence)

Available Balance: _____

Book Balance: _____

Confirming Persons: _____

(Where customer send third party)

Authorised By: _____