



## Internal Funds Transfer

The Manager, CHEGUTU

Date 30 01 20

Please effect the following transfer and debit my/our account

Branch CHEGUTU

Account Number

61861602680017

### Applicant's Details

Account name T. CHEGUTU

### Beneficiary's Details

Account name P. R. A. Z

SUPPLIES

Account Number

01121064850020

Amount \$

1925 00

Amount in Words

HUNDRED AND TWENTY FIVE DOLLARS

I/We hereby:

- Confirm that the details herein furnished are true and correct.
- 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account, but is merely an acknowledgment of receipt of the transfer request by the Bank which request may be withdrawn before the funds have been credited into the beneficiary's account and which request may not be actioned in the event of insufficiency of funds or other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.
- 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

Customer's Signature

Bank Use Only

N. ALASON

Signature Verified By:

Identification:

24-155374 Q 24

(ID/Passport/Driver's Licence)

Available Balance:

Book Balance:

Confirming Persons:

Authorised By:

(Where a customer sends third party)