The Manager, KNAME HIPLIMAN Branch Please effect the following transfer and debit my/our account.  Applicant's Details Account name ROJAL KINANCREENS AND SPR	Internal Funds Transfer  Date Ob 07 20  Account Number  O1122641130011
Beneficiary's Details	
Account name PROCUPEMENT PEGGLATORY	Account Number  01121064950020
Amount \$ 1 750 00 Amount in Word	IS ONE THOUSAND GENEN HUMBED AND FIFTH DOLLARS ONLY
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account, but is merely an acknowledgment of receipt of the transfer request by the Bank which request may be withdrawn before the funds have been credited into the beneficiary's account and which request may not be actioned in the event of insufficiency of funds or other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.  Indemnity 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	
Signature Verified By:	Identification: (ID/Passport/Driver's Licence
Available Balance:	Book Balance:
Conforming Persons: /#flore 4 customer sends third party!	Authorised By: