

$\pmb{RTGS\ TRANSFER\ APPLICATION-(Issued\ without\ Material\ Alterations)}\\$

Please complete in duplicate in block letters
The Manager EBC Bank Limited
Rulawaya trivale
Branch Date d Date d
Dear Sir / Madam
Kindly effect the following transfer via RTGS
Amount in Figures 750 00 Value Date 200220
Amount in Words One Thousand Seven hundred
Fifty dollars only
Details of Beneficiary of Funds
Account Name PRAZ
Bank CB2
Branch Name & Code Lugare Noruman
Account Number 01121064850020
Details of payment PRAZ RENEWAL,
Address
Contact Number(s) 6775474 661 e-Mail Address MS16 Prazorg 2w
Details of Remitter of Funds
Full Name TILSIT DISTRIBUTION PVT LTD
Address 315 AFRICA HOUSE, BULAWAYO
Contact Number(s) 0774317293 e-Mail Address bttilsit@gnail.com
Debit Account Number 6 1 6 2 5 0 9 8 8 0 1 8 9 Tel 9774 317293
I / We understand that payments made via the RTGS system are irrecoverable and Irreversible and we indemnify FBC Bank Limited against any losses arising as a result of this transaction. I / We hereby acknowledge that the bank is not liable for errors, omissions or delays in transactions arising from circumstances beyond its control. Please note this form is not proof of payment. Payment must be confirmed with the beneficiary bank prior to release of goods /services Authorized Signature (Name Authorized Signature (Name BANKIN)
For Bank Use Only
Received By Captured By
Signature(s) Verified By Authorized By Time: