



# Payment Application Form

Date:

<b>Beneficiary</b>		<b>Payer</b>	
<b>Beneficiary's Bank</b>		<b>Ordering Bank</b>	
<b>Beneficiary's A/C</b>		<b>Payer's A/C</b>	
<b>TT/Trust Payment</b>		<b>Amount</b>	
<b>Description:</b>	<b>Treasury Section</b>		
	<b>Signature:</b> _____ <b>Date:</b> _____		
	<b>Budget Section</b>		
	<b>Signature:</b> _____ <b>Date:</b> _____		
	<b>Accounting Section</b>		
	<b>Signature:</b> _____ <b>Date:</b> _____		
<b>Description:</b>	<b>Financial Manager</b>		
	<b>Signature:</b> _____ <b>Date:</b> _____		
	<b>C.F.O.</b>		
	<b>Signature:</b> _____ <b>Date:</b> _____		
	<b>G.M.</b>		
	<b>Signature:</b> _____ <b>Date:</b> _____		