

FUND TRANSFER FORM

Date: ___/___/_____

Please effect the instructions below on my behalf New Amend Cancel

CUSTOMER'S DETAILS:

Account Name: _____

Account No: _____ Address: _____ Code: _____

Town: _____ Phone No: _____

Email address: _____

RECIPIENT/BENEFICIARIES DETAILS:

Beneficiary name: _____

Account No: _____

Bank name: _____ Branch name: _____

STANDING ORDER INSTRUCTION

Pay amount in figures: _____

in words: _____

Every (date) ___/___/_____

Frequency Monthly Quarterly Yearly Weekly Other (specify) _____

From my account to beneficiaries accounts indicated above Starting date: ___/___/_____ and End date on

date: ___/___/_____ being payment of: _____

Reference (policy No., Loan A/c etc): _____

For amendments indicate details to be amended in the box below:

TERMS AND CONDITIONS:

- The bank does not undertake to effect after the due date, any payment which was not effected on the due date owing to lack of funds.
- The customer shall ensure that there are sufficient funds in the account before due date to enable the bank effect these instructions.
- The bank hereby reserves the right to cancel this standing instruction without notice to the customer if the standing order instruction has failed and payment could not be made for the customer consecutive times due to lack of funds, the account being blocked and/or account being dormant or any other reason(s) which is/are due to acts and/or omissions of the customer.

The bank shall not be liable for such cancellation, failure to execute or insufficient execution of the instructions or any direct and/or indirect consequences that may arise from the same.

Authorized signatories:

By signing this standing order request form, I/We hereby acknowledge that I/We have read, understood and agree to be bound by the terms mentioned herein and I/We have signed in agreement to the same and confirm that the information supplied in this form is correct to the best of my/our knowledge. I/We accept full responsibility for all such instructions and for ensuring the accuracy and completeness of the instructions.

Name: _____ ID number: _____ Signature _____

Name: _____ ID number: _____ Signature _____

Name: _____ ID number: _____ Signature _____

BANK USE ONLY

To be completed by indicating user ID, official signature and number appropriate.

Received by: _____ SI details verified by _____ Confirmed by: _____

HO Maintaining call back needed? No Yes talked to: _____ Tel No. _____

Comments: _____

Call by: _____ Tran ID: _____ Input BY: _____

Verified by: Date: ___/___/_____