| Local Currency Funds Transfer  | No  |
|--|---|
| The bank is hereby authorised to transfer as   | follows:  |
| Debit Details (Paying Party)   |   |
| Account Name:  | Date: Day Month Year  |
| Account No.:   | Phone No.:  |
| Amount: N  | Thomas No.  |
| Amount in words:   |   |
| Credit Details (Receiving Party)   |   |
| Account Name:  |   |
| Account No:  | Account Type:   |
| Bank Name:   | Bank Branch:  |
| Authorised Signatory   | Authorised Signatory  |
| Signature Confirmed and Processed by:  |   |
| Transaction Checked and Approved by:   |   |
| *Please note that failed transactions initiated be other transactions initiated after the stipulated | efore 4pm can only be reversed in 24 hours, while<br>I time will be reversed in 24 - 48 hours |
| Transfer Receipt   |   |
| No   | Transfer Type: Internal Transfer  |
| Beneficiary Name:  |   |
| Amount Transferred: N  |   |
| Name of Sender:  | Transaction Date: Day Month Year  |