



FUNDS TRANSFER FORM

PLEASE TICK PREFERRED MODE OF TRANSFER

Instant Standing order others

CUSTOMER DETAILS

Account name
Account no Phone number
Amount in figures BVN
Total amount in words

BENEFICIARY DETAILS

BENEFICIARY 1

NAME
BANK ACCT NO
AMOUNT (₦)
NARRATION
FREQUENCY: One off Daily Weekly Monthly Others
Effective date End date

BENEFICIARY 2

NAME
BANK ACCT NO
AMOUNT (₦)
NARRATION
FREQUENCY: One off Daily Weekly Monthly Others
Effective date End date

CUSTOMER'S SIGNATURE/DATE

HOP / BDM'S SIGNATURE/DATE

Customer's copy

Account name
Account number Amount in figures
Total amount in words
Customer's Signature/Date.....