

LOCAL FUNDS TRANSFER APPLICATION FORM

THE BANK IS HEREBY AUTHORIZED TO TRANSFER FUNDS AS FOLLOWS:

DATE

APPLICANT INFORMATION (SENDER)

ACCOUNT NUMBER (NUBAN)

ACCOUNT NAME _____

CONTACT TELEPHONE NUMBER _____

BRANCH _____

AMOUNT IN WORDS _____

UNIQUE IDENTIFICATION NUMBER

BANK VERIFICATION NUMBER (BVN)

TAX IDENTIFICATION NUMBER (TIN)

NATIONAL IDENTIFICATION NUMBER (NIN)

BENEFICIARY INFORMATION (RECEIVER)

TRANSFER TYPE (Please Tick) Internal Transfer Inter-Bank

ACCOUNT NUMBER (NUBAN)

ACCOUNT NAME _____

BANK NAME _____ BRANCH _____

SORT CODE

I/we confirm the above details are accurate and the bank is authorized to effect the transfer accordingly

AUTHORIZED SIGNATORY

AUTHORIZED SIGNATORY

BANK USE ONLY

PROCESSING BRANCH _____ PROCESSING BRANCH _____

APPROVING AUTHORITY _____

TRANSFER RECEIPT (CUSTOMER'S COPY)



TRANSFER TYPE (Please Tick)

ORIGINATING BRANCH

Internal Transfer

CUSTOMER NAME

Inter-Bank

BENEFICIARY NAME

BENEFICIARY BANK

BENEFICIARY ACCOUNT NO.

AMOUNT ₦

AMOUNT IN WORDS/INSTRUCTION