

(To be filled in block letters)

ام	lect	tra	nc	for
36	CLL	иа	113	ıeı

Internal transfer EFT R	TGS Date			
SENDERS DETAILS	RECIPIENT(S) DETAILS			
Account Name	Account Name			
Member No				
ID Number				
Mobile No	Account No			
Amount in Figures	Bank			
Amount in words	Branch			
	Mobile No			
1. Source of Funds				
2. Purpose of Funds				
3. Attach support documents for amounts above KSHS	5. 1M			
I (we) have read and confirmed the information given is correct. Please effect the transaction.				
Name of applicant:				
Signature 1.				
Signature 2.				
Signature 3.				
FOR OFFICIAL USE ONLY				
	reTime			
(Name and Signature)				
Account Balance				
Transfer Processed By:	DateSignature			
Account balance				
Remarks:				

TERMS AND CONDITIONS

I/We hereby agree that the transfer is sent at my/our risk and that as long as the Society acts in compliance with this authorization, the Society shall be unconditionally indemnified in full by me/us against any costs. claims. losses or liabilities of any nature (direct or indirect) resulting from any act or omission in connection with the subject of this authorization including but not limited to any act or omission/delay on the Society's part in responding to instructions received by the Society.