



APPLICATION FOR REMITTANCE

Please tick as appropriate

RTGS

EFT

Date

--	--	--	--	--	--	--	--

Applicant Details

Account Name

FOSA Account No.

Mobile Number

Transfer Instructions

Please debit my/our account indicated above and transfer the following amount as per details provided below: -

Amount in Figures

--	--	--	--	--	--	--	--	--	--

Amount in Words

Beneficiary Name.

Beneficiary Account

Number

Beneficiary Bank

Name

Beneficiary Branch

*Purpose of Payment

*Mandatory

Name

Signature

I/We understand that these instructions once issued to the Sacco are irrevocable and I/We have no recourse to the Sacco once funds are transferred. The funds are transferred at own risk, and we indemnify the Sacco and its correspondent against any irregularity, mistake or delay which may occur in the transmission of the message or from its misinterpretation when received.