FIRST ALLY
MICROFINANCE BANK
RC 208513

Confidential

Date D D M M Y Y Y Y

FUNDS TRANSFER INSTRUCTION

BRANCH _____ Internal Transfer ☐ NEFT ☐ NIP ☐ Standing Order ☐

The Bank is hereby authorised to transfer as follows

DEBIT DETAILS (PAYING PARTY)

Account Name .....

Account Number ☐☐☐☐☐☐☐☐☐☐ Phone Number ☐☐☐☐☐☐☐☐☐☐☐

Amount in Figures ₦ _____ k

Amount in Words .....

.....

.....

Remarks/Reference (Optional) .....

FREQUENCY (FOR STANDING ORDER)

Daily ☐ Weekly ☐ Monthly ☐ Quaterly ☐ Half Yearly ☐ Beginning Date D D M M Y Y Y Y End Date D D M M Y Y Y Y

CREDIT DETAILS (RECEIVING PARTY)

Account Name .....

Account Number ☐☐☐☐☐☐☐☐☐☐ Branch Sort Code ☐☐☐☐☐☐☐☐☐☐

Bank Name .....

We confirm the above details are accurate and the Bank is authorised to effect transfer accordingly

..... Authorised Signatory

..... Authorised Signatory

FOR OFFICIAL USE ONLY

Fund Transfer Officer _____ **Signature & Date** _____

Authoriser _____ **Signature & Date** _____

TRANSFER RECEIPT

Beneficiary Name .....

Amount in Figures ₦ _____ Originating Branch .....

Name of Sender ..... Transaction Date D D M M Y Y Y Y