

# Internal Funds Transfer Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK



## A: ACCOUNT FROM INFORMATION

Account Name

Account Number

Amount in Figures

Amount in Words

## B: BENEFICIARY (RECIPIENT) INFORMATION

Account Name

FOSA Account Number

Special Instructions

## C: AUTHORIZATION

By signing below, I authorize Safaricom SACCO Limited to execute the above fund's transfer in accordance with the Terms and Conditions for fund Transfers.

Authorized Signature:

Designation

Authorized Signature:

Designation

Authorized Signature:

Designation