

Internal Funds Transfer Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

A: ACCOUNT FROM INFORMATION...

Account Name:

Account No:

Amount in Figures:

Amount in Word:

B: BENEFICIARY (RECIPIENT) INFORMATION...

Account Name:

FOSA Account No:

Special Instructions:

C: APPLICANT AUTHORIZATION...

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

Authorized Signature: <input type="text"/>	Date: <input type="text" value="DD MM YYYY"/>
	Designation: <input type="text"/>
Authorized Signature: <input type="text"/>	Date: <input type="text" value="DD MM YYYY"/>
	Designation: <input type="text"/>
Authorized Signature: <input type="text"/>	Date: <input type="text" value="DD MM YYYY"/>
	Designation: <input type="text"/>