



WANANDEGE SACCO LTD

- RTGS

APPLICATION FORM

APPLICANTS NAME..... I.D No.....

Attach copy of I.D (Mandatory)

MOBILE NO..... ADDRESS. P.O BOX.....POSTAL CODE.....

TOWN.....STAFF NUMBER.....

ACCOUNT NO

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(Attach statement)

TRANSFER AMOUNT *(Figures)*.....

TRANSFER AMOUNT

(Words).....

BENEFICIARY NAME..... BENEFICIARY

BANK.....BRANCH.....

ACCOUNT NO.....

APPLICANTS SIGNATURE.....

DATE.....

CUSTOMER CARE RECEIVED STAMP

For Official use only(Confirm a/c bal and advice customer if funds are available RTGS charges kes 1100/-)

FOSA SUPERVISOR RECOMMENDATION..... DATE.....

FOSA MANAGER APPROVAL.....DATE.....

CHIEF ACCOUNTANT CONFIRMATION.....DATE.....