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									

(Attach statement)

TRANSFER AMOUNT *(Figures)*……

TRANSFER AMOUNT
***(Words)*……**

……

BENEFICIARY NAME……

BENEFICIARYBANK……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 kshs 1,200/-)

FOSA TELLER RECOMMENDATION…… ….DATE……

HEAD OF OPERATIONS APPROVAL……DATE……

FINANCE MANAGER CONFIRMATION……DATE……