

APPLICATION FORM FOR INTERNAL FUNDS TRANSFER (SBM ACCOUNTS)

Please fill in using BLOCK letters and use the Tab key to move from field to field.

DATE:

BRANCH:

PLEASE DEBIT

FROM MY/OUR ACCOUNT No.

Account Currency

AND TRANSFER: INTO ACCOUNT No.:

Account Currency

IN FAVOUR OF:

Transfer Currency Amount (in figures):

Amount (in words):

Purpose of Transfer:

I/WE AUTHORISE YOU TO DEBIT MY/OUR ACCOUNT WITH ANY APPLICABLE FEES & CHARGES.

ORDERING CUSTOMERS :

NIC/PASSPORT NO :

SIGNATURE/S :

Disclaimer Note: Conversion of funds in a different currency & vice-versa may result into exchange differences and additional charges as may be applicable

For Office Use:	Amount Debited	CCY	<input type="text"/>	<input type="text"/>	Amount (in figures)	<input type="text"/>
Rate:	Amount Credited	CCY	<input type="text"/>	<input type="text"/>	Amount (in figures)	<input type="text"/>
Rate Reference:	Fees and Charges:				
PROCESSED BY:			VERIFIED BY:			

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