



9, IJAIYE ROAD, AGEGE, LAGOS

FUND TRANSFER INSTRUCTION

DATE: _____

DEBIT DETAILS

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

BANK NAME: _____

BANK BRANCH: _____

BRANCH SORT CODE: _____

AMOUNT: N _____

AMOUNT IN WORDS _____

REMARKS: _____ TEL: _____

CREDIT DETAILS

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

BANK NAME: _____

BANK BRANCH: _____

ACCOUNT TYPE: _____ SAVING / CURRENT _____

BRANCH SORT CODE: _____

TEL: _____

I/We confirm the above details are accurate and the bank is authorized to effect transfer accordingly

Authorized Signatory

Bank Use

Authorized by _____

Approved by _____

Authorized Signatory

Note: Bank Charges apply and it is the responsible of the customer to provide the correct account details as the bank will not be liable for any wrong information that is provided by him/her.