

INTER BANK TRANSFER REQUEST

Please print in block letters

Date: _____

First Capital Bank

Please transfer, if funds permit, on the _____ day of _____ 20____

From: Account Number

Account Name

Account Type

Sender's reference _____

To: Beneficiary Bank

Beneficiary Branch

Beneficiary Name

Beneficiary Account Number

Amount

Amount in Words _____

Purpose of Payment (mandatory field) _____

We/ I authorise you to recover the Bank Charges as applicable.

Authorised Signatory

Authorised Signatory

Note: This form is to be completed when requesting a transfer from First Capital Bank, Botswana account to an account at a branch of another bank.

For Bank's Use Only

Signature verified by:

Authorised by:

Batch no:

Transaction no:

Date Stamp