

INTERNAL BANK TRANSFER REQUEST

Please print in block letters

First Capital Bank

Please transfer, if funds permit, on the day of 2018

From:	Account Number	<input type="text"/>
	Account Name	<input type="text"/>
	Account Type	<input type="text"/>
To:	Beneficiary Account Number	<input type="text"/>
	Beneficiary Name	<input type="text"/>
	Amount BWP	<input type="text"/>
	Amount in words	<input type="text"/>
		<input type="text"/>

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

Authorised Signatory

Authorised Signatory

For Bank's Use Only

Signature Verified By:
<input type="text"/>

Authorised By:
<input type="text"/>