Local Currency Funds Transfer Instruction



The Bank is hereby authorised to transfer as follows:

Authorised Signatory

Debit Details (Paying Party)

Date:				
	Day	Month	Year	

Authorised Signatory

Account No.:					
Phone No.:					
Bank Name:					
Bank Branch:					
Branch Sort Code: Amount: TZS					
Amount in words:					
Remarks/Reference (Optional) :					
Credit Details (Receiving Party)					
Account Name:					
Account Name:					
Account Name: Account No.:					
Account Name:					
Account Name: Account No.: Bank Name:					
Account Name: Account No.:					
Account Name: Account No.: Bank Name:					
Account Name: Account No.: Bank Name: Bank Branch:					
Account Name: Account No.: Bank Name: Bank Branch: Branch Sort Code:					

*Please note that failed transactions initiated before 3pm can only be reversed in 24 hours, while other transactions initiated after the stipulated time will be reversed in 48 hours **Transfer Receipt**

	Transfer Type: Internal Transfer	EFI	1155
Beneficiary Name:			
Amount: TZS	Originating Branch:		
Name of Sender:	Transaction Date:		