

## CMFB FUNDS TRANSFER REQUEST FORM

Interbank Transfer (NIP)  In-House Transfer

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**SENDER'S DETAILS:**

Name:   

Surname
First Name
Middle Name

Account Number:

Phone Number:  Email:

Amount in Figure:  BVN:

Amount in Words:

**BENEFICIARY'S DETAILS:**

(1) Name:   

Surname
First Name
Middle Name

Account Number:

Bank Name:  Sort Code:

Amount in Figure:

(2) Name:   

Surname
First Name
Middle Name

Account Number:

Bank Name:  Sort Code:

Amount in Figure:

*We confirm the above details are accurate and the bank is authorized to effect transfer.*

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Authorized Signature**

**FOR BANK USE ONLY**

Charges ₦

**Input Staff in Charge**

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**SV Stamp**

**Verify/Authorized by (BOM)**

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_