

APPLICATION FOR INTERNAL FUNDS TRANSFER

This is to request you to transfer money from my account as follows:

1. NAME:..... FOSA AC/NO.....
2. TSC /PF NO:..... ID NO.....
3. ADDRESS
4. AMOUNT:..... IN WORDS.....

DESTINATION ACCOUNT

5. NAME:..... AC/NO:

6. DESTINATION ACCOUNT TYPE:

- | | | |
|---|---|---|
| 1. <input type="checkbox"/> SAYE Account | 2. <input type="checkbox"/> School Fees Account | 3. <input type="checkbox"/> BOSA Shares |
| 4. <input type="checkbox"/> Holiday Account | 5. <input type="checkbox"/> Junior Account | 6. <input type="checkbox"/> BBF |
| 7. <input type="checkbox"/> Risk | 8. <input type="checkbox"/> Instant Advance | 9. <input type="checkbox"/> Salary in Advance |
| 10. <input type="checkbox"/> BOSA loan | Loan No | 11. <input type="checkbox"/> Other (Specify) |

I hereby on execution of this form as the applicant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of performance of the internal funds transfer and analysis whether in electronic or other form

7. SIGNATURE..... DATE.....

FOR OFFICIAL USE ONLY:

TR NO. Transferred by Name..... Sign..... Date.....

Authorized by Name:..... Sign Date