



# COSMOPOLITAN DEPOSIT TAKING SACCO SOCIETY LIMITED

## INTERNAL FUNDS TRANSFER FORM

**PLEASE COMPLETE THIS FORM**

Date.....

<b>FROM</b>	
Account Name	
Account Number	
ID Number	
Amount in Figures	
Amount in words	
<b>TO</b>	
Account Name	
Account Number	
ID Number	
Amount in Figures	
Amount in Words	

**Applicant(s) Declaration:**

I/We hereby authorize Cosmopolitan DT Sacco Ltd to debit my/our above mentioned account in FOSA and credit the specified amount to the account provided by me/us. By signing this application, I/We

- (a) Agree having read and understood this declaration and agree to be bound by it;
- (b) Warrant and confirm that all information provided in this application is true, correct and complete;
- (c) May be required to provide the Sacco with additional information in relation to this application prior to the processing of this request
- (d) Acknowledge that this application is subject to cosmopolitan DT Sacco’s terms & conditions governing Personal Account.

**Applicant Signature(s)**

Signature(s): .....

**For Official Use**

Received and checked by: Name.....Signature.....Date.....

Approved by: Name.....Signature.....Date.....