

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of applicant : \_\_\_\_\_

Type of identification \_\_\_\_\_ Identification No: \_\_\_\_\_

Please debit account No : \_\_\_\_\_ Acc ccy:  GHS  EUR  GBP  USD

Account Branch \_\_\_\_\_

With transfer amount of ( amount in figures): \_\_\_\_\_ Transfer Currency:  GHS

Amount in words \_\_\_\_\_

Purpose for the transfer \_\_\_\_\_

**In favour of:**

Name of Beneficiary: \_\_\_\_\_ Beneficiary address: \_\_\_\_\_

Beneficiary account: \_\_\_\_\_

Beneficiary Bank: \_\_\_\_\_ Beneficiary Bank Branch: \_\_\_\_\_

By signing this request, I acknowledge and confirm that I have authorised SOCIETE GENERALE GHANA. To debit my account for the transfer amount, expenses and commissions to effect my instruction. I accept that the bank may require me to provide additional details before execution of this instruction

Applicant's Signature \_\_\_\_\_

**For Bank Use**

Applicable Exchange rate \_\_\_\_\_ Total Charges (Commissions and fees) \_\_\_\_\_

Total amount to debit applicants \_\_\_\_\_ Account Currency:  GHS  USD  GBP  EUR

Request processed by \_\_\_\_\_ Signature \_\_\_\_\_

Request Authorised by: \_\_\_\_\_ Signature \_\_\_\_\_