



# transfer of funds form

Membership  
Number:

Dear Sir/Madam,

I hereby inform that it is my intention to request transfer of funds within my respective savings account under ncsI.  
In line with the ncsI Terms & Conditions, I am aware that this is a one-off transfer and therefore authorise you  
to arrange my transfer of savings accordingly.

## Details of the Member

First  
Name:

Last  
Name:

Employer  
Name:

Place of  
Residence:

Phone:

Email:

## Transaction Details

Please tick the correct box you nominate for transfer of funds.

Transfer funds from:

General Savings (S1)

Education Savings (S2)

Christmas Savings (S3)

Poro Account

Transfer funds to:

General Savings (S1)

Education Savings (S2)

Christmas Savings (S3)

Loan Outstanding

Poro Account

Nascare

I would like the portion of my funds indicated to be transferred over as per advice above. Amount: K

Date:

I forward this authorised Transfer of Funds Form to you and will ensure  
fortnightly contribution is diverted and credited into the nominated  
savings accounts.

Signature:

## For Official Use:

Date Received:

Updated By:

Received By:

Signature:

Date Back Office:

Date:

Status: