

## NATIONAL BANK OF UMM AL QAIWAIN psc



\*Tick whichever is appropriate

## INTERNAL FUNDS TRANSFER REQUEST FORM (WITHIN NBQ) Date Branch \_\_\_\_ **Beneficiary Details:** Name: Address: IBAN (A/C No) A E NATIONAL BANK OF UMM AL QAIWAIN **Beneficiary Bank Name Purpose of Transfer: Currency & Amount:** Remitter/Applicant Details Name: Address: IBAN (A/C No): Е Signature of Customer: \_\_\_\_\_ Signature verified by: For Bank Use Only By BRANCH: Account Balance: Yes/No\* HO Authorisation Sought. Ref:\_\_\_\_\_ Dtd.\_\_ Request approved by: Branch/Operations Manager / RM \*

## By CPU:

Prepared by	TRAN ID & Date	Checked by	Posted/Verified by	CCY	
				AMOUNT	
				Rate @	
				Charges	
				CCY & TOTAL AMT	