



Transfer of funds form

SL 8

Membership
Number:

Dear Sir/Madam,

I hereby inform that it is my intention to request transfer of funds within my respective savings account under ncsl.
In line with the ncsl 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 (S4)

☐

Loan Outstanding

☐

MMJV Savings

Transfer funds to:

☐

General Savings (S1)

☐

Education Savings (S2)

☐

Christmas Savings (S3)

☐

Poro Account (S4)

☐

Loan Outstanding

☐

MMJV Savings

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:

General Savings: K

Education Savings: K

Christmas Savings: K

Outstanding Loan: K

Total Net Balance: K

Eligible Amount: K

ncsl staff recommendation:

Screened by:

Approved by: