



Bank of St. Helena Ltd.

ACCOUNT TRANSFER

Please debit account in name of:

Debit account number:

| | | | | | | |

Amount:

Amount in Words:

Details:

For Bank use only:

System Ref:

Date input:

Input by: Checked by: Auth by:

Date:

Please credit account in name of:

(Capital letters)

Credit Account number

| | | | | | | |

Signature(s):

Printed Name(s):



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