



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 figure): Transfer currency : GHS

Amount in words:

Purpose of transfer:

In Favor 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 Signature:



For Bank Use Only

Applicable exchange rate:

Total charges Commissions and fees:

Total amount of debit applicants:

Account
currency:

GHS

EUR

GBP

USD

Request processed by:

Signature:

Request authorized by:

Signature: