



Date:

Name of Customers:

Account Branch:

Account Currency:  GHS

EUR

GBP

USD

Account No:

Transfer  
currency:

GHS

EUR

GBP

USD

Amount of (Amount in figure):

Amount in word:

Purpose of Transfer:

**Instruction Type:**

Transfer to Societe General Ghana

Transfer to External account

**Frequency:**

Daily

Weekly

Monthly

Bi monthly

Half Yearly

Yearly

Start Date:

End Date:

**In favour 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 indicated above. I accept that the bank may require me to provide additional details before execution of this instruction

Applicant's Signature:

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**For Bank Use**

Request processed by:

Signature:

Request Authorised by:

Signature: