



MACSS Transfer Form

Application Date:

Branch/Department:

I/We hereby authorize you to debit my/our account to execute the following payment and apply any related charges/fees.

Ordering Customer Details

Name *	
Address	
ID / Passport Number	
Account Number *	
Effective Available Balance	
Amount in Figures (MUR) *	
Amount In Words (MUR) *	
Payment Date	
Reference (If Any)	
Purpose of Transfer *	

Beneficiary Details

Beneficiary Bank *	
Beneficiary Name *	
Beneficiary Account Number *	

* Mandatory Fields

Footnote: Customers calling in person are being identified through NIC

- I/We certify that the above information are accurate and understand that the bank shall not be held responsible for any erroneous payment arising out of incorrect, incomplete or illegible details provided by me/us and/or loss caused by delays, errors in transmission or payment.
- I/we understand that the instruction will be cancelled in case of insufficient fund or incomplete information.
- I/we agree that Instructions received after cut off time will be processed on the next working day subject to availability of funds.

CAUTION: This form represents only a request made for transfer of funds and not a confirmation that funds have already been remitted. Reliance on same will be at own risk of the beneficiary.

For Bank Use

	BRANCH	
	FILLED BY	AUTHORISED BY
Name:		
Emp.ID		
Signature		

.....
Signature of Customer

	COE		
	PROCESSED BY	VERIFIED BY	AUTHORISED BY
Name:			
Emp.ID			
Signature			

Call Back Process

1	Date/ Time	
2	Signature Verified	
3	Fax/ Email Indemnity held	
4	Available Balance	
5	Call Back Effectuated - Phone by	
6	Contact Person	
7	OFFICER SIGNATURE	

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Signature of Customer