



TSHWARAGANO

FUNDS TRANSFER FORM

Membership No. |

Full Names: _____

DESCRIPTION

Sign: _____ Date: _____

OFFICIAL USE

Prepared by: _____ Reviewed By: _____

Sign: _____ Sign: _____

Date: _____ Date: _____

APPROVAL

Yes NO

Actioned By: _____ Sign: _____ Date: _____