

**Individual Divestments:
Individuals of Trust**

Form to be filled by recipient of transfer

Recipient Details

Name: _____

Address: _____

Contact Number: _____

Email: _____

Date of Birth: _____

Marital Status: _____

Transfer Details

Sum to be transferred: _____

Reason for transfer: _____

Direction of transfer (tick all that apply)

North East South West

Preferred modality of transfer:

ATM Card Cash Online Gift Cards Wire Transfer

Deadline, if applicable: _____

Signature

Signature: _____ Date: _____