

Schedule F

[Requesting Bank Letterhead]

FACSIMILE

The Director,
Banking Services and National Payment System Department,
Central Bank of Kenya
P.O. Box 60000,
NAIROBI

Attention:

Date:

Dear Sir,

Request for KEPSS Account Transfer

In accordance with section 14.6 of the Rules and Regulations, we submit the following listing of transactions for input to the KEPSS system on our behalf. We confirm that we have received permission to make this request from *[Name of Authorizing Officer at Central Bank of Kenya and time]*.

Name:.....

Time:.....

NO.	Amount	Bank to be credited	Transaction reference number
1.			
2.			
3.			
4.			

Yours faithfully

Duly authorized Participant Signatories

Name

Designation.....

Signature

Signature verified

.....

Name

Designation.....

Signature

This part for use by Central Bank of Kenya

Central Bank of Kenya

Authorising Signatures: (1).....

(2).....

Time of Request Receipt:.....

Account Transfers effected *[time and name of Authorising Officer]*.....

Name:.....

Time:.....