



TRANSFER FORM

Date.....

The Service Supervisor

..... (Bank)

..... (Address)

.....

Dear Sir/Madam

Please debit my account number.....with you

On..... and credit Savings a/c 61010100008190 - a/c Sun Insurance/

SBM Universal Fund with State Bank of Mauritius, Port Louis Branch with the amount of

Rs.....(Rupees.....

.....)

Yours faithfully,

.....(Name)

.....(Address)

.....