# Schedule F

[Requesting Financial Institution Letterhead] FACSIMILE

The Director,

National Payment System Department, Bank of Uganda

P.O. Box 7120, KAMPALA

Attention: …………………………. Date: ………

Dear Sir/madam,

Request for UNISS Account Transfer

In accordance with section 13.7 of the Rules and Regulations, we submit the following listing of transactions for input to the UNISS system on our behalf. We confirm that we have received permission to make this request from [Name of Authorizing Officer at Bank Of Uganda and time].

Name:…………………………… Time:……………………………..

|  |  |  |  |
| --- | --- | --- | --- |
|  | Amount | Bank to be credited | Transaction reference number |
| 1 |  |  |  |
| 2 |  |  |  |

Yours faithfully

Duly authorized Participant Signatories

Name ……………………………………. Signature verified

Designation……………………………… …………………….. Signature

Name …………………………………..…………… Designation……………………………………….

Signature

This part for use by Bank Of Uganda

Bank Of Uganda Authorising Signatures:

(1)…..………………………………………….

(2)…………………………………….…………

Time of Request Receipt:……………………………………………………………. Account Transfers effected

…………………. [time and name of Authorising Officer].…………….

Name:………………………………….

Time:……………………………………