

CHEQUE REQUISITION FORM

DATE	
PAYEE	
MEMBERSHIP NO.	

ALLOCATION	
MEDICAL	BWP
DENTAL	BWP
OPTICAL	BWP
DRUGS	BWP
OTHERS (Specify)	BWP
TOTAL AMOUNT	BWP

REASON FOR ISSUING ELECTRONIC FUND TRANSFER

REQUESTED BY

SIGNATURE

DATE SIGNED

APPROVED BY

SIGNATURE

DATE SIGNED

VERIFIED BY (ACCOUNTS)

SIGNATURE

DATE SIGNED