

Officer's Signature and Stamp



PostalPay Form									
Please tick	se tick SENDING		RECEIVING						
REF NUMBER									
SENDER DETAILS									
Name									
Country					Date				
Telephone Contact					City				
Address									
	DEGE	W.ED (DDI	-OFNITO	V/41 ID IE	<b>.</b> `				
RECEIVER (PRESENTS VALID ID)									
Name									
Test Question									
Answer to Question					Date				
Amount In Figures					City				
Amount in words									
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Customer's Signature									

## FOR BANK USE ONLY

## **CASH ANALYSIS**

NOTES UGX	AMOUNT
50,000	
20,000	
10,000	
5000	
1000	
500	
200	
100	
50	
TOTAL	