APPLICATION FOR TRANSFER TO NOSTRO (USD) SCHEME

Kindly trans	sfer the following to the Nos	tro (US	SD)	sch	eme	e wi	th e	effec	et fro	m,	Da	ıte:																
Full Name:	Membership number:													(NB: Attach														
census/list o	f members should request be	for a co	omp	any	/gro	up)																						
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I,				do	her	eby	assı	ıme	all l	iab	ility	/ fc	or a	ny	cla	ims	s m	ıad	e a	gai	inst	All	liar	nce]	He	alth	for c	osts o
medical serv	vices, medication & treatment	incurre	ed aş	gair	nst n	ny R	TG	S ac	ccou	nt a	afteı	r th	ne a	bov	ve t	ran	ısfe	er c	late	e. I	un	ders	star	nd tl	ıat	the	re is 1	10
guarantee of	USD cover if I have active to	eatmer	nt on	the	e RT	ГGS	sch	eme	e or i	f I	hav	e b	eco	ome	e av	var	e c	of a	ny	ne	w c	liag	no	sis v	whi	ich v	will i	nvolve
medical trea	tment.																											
	To facilitate the reimbur	semen	t of	f ar	ıy c	lain	ns 1	ю у	our	No	ostr	o	FC	Α,	ple	as	e c	on	np	let	te t	he	se	ctic	n	bel	ow:	
	Bank																											
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	Account Number									1																		
ALL SECTIONS BELOW FOR INTERNAL ALLIAN DOCUMENTATION				ICE HEALTH ADMINISTRATION USE													DATE RECEIVED											
Letter re	questing transfer																											
Census c	f affected members																											
Acknowl	edgement of liability																											
Nostro b	ank account details																											
			CC	NF	IRM	ED E	3Y											D	ΑT	Έ								
HMS RTO	GS account balance = zero																											
HMS RTG	GS credit balance refunded																											
HMS nos	tro account activated																											
HMS RTG	GS account de-activated																											
Nostro ir	nvoice generated																											
Nostro w	velcome letter generated																											
			Re	cei	pt N	umb	er											D	ate	e								_
Receipt f	or payment																											
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Member	ship cards printed																											

