

**CAPITEC – CASH DISBURSEMENT REQUEST**

DATE OF REQUEST	
STORE NAME	
ACCOUNT NUMBER	
ACCOUNT BALANCE	
FULL NAME	
ID NUMBER	
PHONE NUMBER	
DATE PAID OUT	
TOTAL PAID OUT	
CASH REQUESTED	
<b><u>BANK DETAILS</u></b> (please attach a copy of customer's bank account confirmation)	
NAME	
BANK	
BRANCH CODE	
ACCOUNT NUMBER	

CUSTOMER SIGNATURE: \_\_\_\_\_

STORE MANAGER SIGNATURE: \_\_\_\_\_