

FUNDS TRANSFER REQUEST FORM

Project No:

Date:

Amount to be transferred (please indicate if not AUD):

Currency in destination Country:

Account Number:

Account Name:

Name of Bank:

Bank Address:

Bank Swift Code or IBAN Number:

Beneficiary Name:

Beneficiary Address:

RAWCS compliance with the *Australian Charities & Not for Profit Commission's [ACNC] External Conduct Standards* is a condition of ACNC registration.

I declare that

1. The requested project payment will be spent in a manner that is consistent with the purpose and objectives of project number _____ as determined by RAWCS project registration criteria.
2. The six monthly RAWCS project report will be completed and lodged on time.
3. All reasonable steps have been taken to minimize any risk of corruption, fraud, bribery, money laundering, terrorist financing, or other financial impropriety by all persons involved in the project delivery overseas including employees, volunteers and third parties.
4. In accordance with RAWCS policies, all reasonable steps have been taken that minimizes the risk of exploitation or abuse to vulnerable individuals, including children, who may be unable to care or protect themselves.

Signature of Project Manager:

Project Manager's Full Name:[Printed]

Dated