

UGANDA CATHOLIC MEDICAL BUREAU SCHOLARSHIP FUND

Code: _____ (please indicate here the code assigned to you in the letter of award)

FIRST DISBURSEMENT REQUEST

Name of Organisation	Name of Trainee	Training undertaken	Training Institution

Total amount awarded: Ug Sh _____

First Instalment requested: Ug Sh _____

Payable to (indicate Bank account, Procure account and details)

Account Name / Title: _____

Account Number: _____

Name of Bank: _____

Date: _____

Signature: _____